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MANUAL

FOR THE

MEDICAL DEPARTMENT

1899

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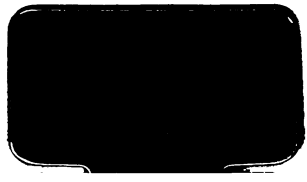

U.S. - War Dept.

MANUAL

FOR THE

MEDICAL DEPARTMENT.

COMPILED UNDER THE DIRECTION OF THE
SURGEON GENERAL.

PUBLISHED BY AUTHORITY OF THE SECRETARY OF WAR,

FOR

USE IN THE ARMY OF THE UNITED STATES.

WASHINGTON:
GOVERNMENT PRINTING OFFICE.
1899.

VII, 36 35. 3

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WAR DEPARTMENT,
Document No. 17.
OFFICE OF THE SURGEON GENERAL.

WAR DEPARTMENT, *January 2, 1899.*

This Manual for the Medical Department is published for the information and guidance of all concerned; it will not be modified except by specific authority given in each case.

RUSSELL A. ALGER,
Secretary of War.

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MANUAL FOR THE MEDICAL DEPARTMENT.

APPOINTMENT OF MEDICAL OFFICERS.

(See A. R. 1394, 1395.)

1. Appointments of assistant surgeons are made by the President, after the applicant has passed a successful examination before a Medical Examining Board and has been recommended by the Surgeon General. Permission to appear before the board is obtained by letter to the Secretary of War, which must be in the handwriting of the applicant, giving the date and place of his birth and the place and State of which he is a permanent resident, and inclosing certificates based on personal acquaintance from at least two reputable persons as to his citizenship, character, and habits. The candidate must be a citizen of the United States, between twenty-two and twenty-nine years of age, of sound health and good character, and a graduate of some regular medical college, in evidence of which his diploma will be submitted to the board. The scope of the examination will include the morals, habits, physical and mental qualifications of the candidate, and his general aptitude for service; and the board will report unfavorably should it have a reasonable doubt in any of these particulars.

2. The physical examination must be thorough, and each candidate will be required to certify *that he labors under no mental or physical infirmity or disability which can interfere with the efficient discharge of any duty which may be required.* Errors of refraction, when not excessive, when unaccompanied by ocular disease, and when they can be corrected by appropriate glasses, are not causes for rejection.

3. The mental examinations are conducted by both written and oral questions, upon—

(*a*) The elementary branches of a common-school education, including arithmetic, the history and geography of the

United States, physics, general literature, and ancient and modern history. Candidates claiming special knowledge of the higher mathematics, ancient or modern languages, drawing, analytical chemistry or branches of natural science, will be examined in these subjects as accomplishments, and will receive due credit therefor according to their proficiency.

(*b*) Professional branches, including anatomy, physiology, chemistry, hygiene, pathology and bacteriology, therapeutics and materia medica, surgery, practice of medicine, obstetrics, and the diseases of women and children.

Examinations in medicine and surgery will also be conducted at the bedside and on the cadaver.

Hospital training and practical experience in medicine, surgery, and obstetrics are essential. Candidates must present evidence that they have had at least one year's hospital experience, or the equivalent of this in practice.

4. To save unnecessary expense to candidates, those who so desire may have a preliminary physical examination and an examination in the elementary branches of a common-school education by a medical officer stationed most conveniently for this purpose, who will act under instructions from the Medical Examining Board.

5. The merits of the candidates in each of the several branches, and also their relative merit as evinced by the results obtained from the entire examination, will be reported by the board, and in accordance with this report approved candidates will be appointed to existing vacancies, or to such as may occur within two years thereafter. A candidate failing in one examination may be allowed a second after one year, but not a third.

ARMY MEDICAL SCHOOL.

6. The Army Medical School at Washington, D. C., is governed by special regulations, and has the following organization:

(1) The faculty consists of four or more professors selected from the senior officers of the Medical Department stationed in or near the city of Washington, and such associate professors as may be required. The senior officer is president, and the junior, secretary of the faculty.

(2) The student officers are those medical officers who have been appointed since the last preceding term of the school, and such others as may be authorized to attend. (A. R. 468.)

7. The course of instruction covers a period of five months, and is given annually at the Army Medical Museum, in Washington, D. C., commencing on the first Monday of November. It includes lectures on and practical instruction in—

(*a*) The duties of medical officers in war and peace.

(*b*) Military surgery, the care of the wounded in time of war, and hospital administration.

(*c*) Military hygiene.

(*d*) Military medicine.

(*e*) Microscopy, sanitary and clinical; pathological histology, bacteriology, and urinology.

(*f*) Hospital corps drill, and first aid to wounded.

8. By permission of the Surgeon General, medical officers of the Army who desire to avail themselves of the course of instruction, and who are stationed in or near the city of Washington, or who have a leave of absence which enables them to attend the course, may be admitted as pupils.

9. At the termination of the course of instruction the student officers will be examined by the several professors, and their relative proficiency in each branch will be reported by the president of the faculty to the Secretary of War, through the Surgeon General.

10. (*a*) The president of the faculty will be responsible for the discipline of the school.

(*b*) The junior professor will act as secretary, and will be responsible for all property pertaining to the school.

(*c*) A faculty meeting will be held in the office of the secretary on the first Monday of each month from October to April, inclusive, and whenever called by the president of the faculty or the Surgeon General.

(*d*) Resolutions adopted by the faculty relating to the course of instruction, the purchase of books and instruments, etc., will be submitted to the Surgeon General for his approval.

(*e*) The president of the faculty will submit to the Surgeon General on or before the first day of May of each year, a detailed report of the condition of the Army Medical School,

including an account of the instruction given and the proficiency of the several student officers, as shown by an examination made by each professor at the termination of his course.

(*f*) The hours of instruction will be from 9 to 12 a. m., and from 1 to 4 p. m., daily, during the months of November, December, January, February, and March, inclusive, with the exception of Saturdays, Sundays, legal holidays, and the week commencing December 25.

(*g*) Student officers will be required to be present during the hours designated, unless specially excused by the president of the faculty or by orders from the War Department.

(*h*) When necessarily absent on account of sickness or other emergency, student officers will, as soon as practicable, send a written statement to the secretary of the faculty, explaining the reason for such absence.

(*i*) The laboratories and library of the Army Medical School will be open for the use of student officers during the hours of instruction designated.

(*j*) Student officers will be held strictly accountable for all instruments and apparatus issued to them for their personal use during the course of instruction, and for any loss or injury to books or apparatus belonging to the Army Medical School, when such loss or injury is due to carelessness or neglect.

(*k*) Student officers in the Army Medical School, during the hours of instruction, will wear the undress uniform of their grade, except when engaged in laboratory work, when a black cambric laboratory gown may be worn.

ASSIGNMENT OF MEDICAL OFFICERS.

(See A. R. 738.)

11. The number of medical officers assigned to duty at a post will, when practicable, be as follows: For a post having as its garrison a full regiment, three; for a post having as its garrison four companies and regimental headquarters, two; for a post having as its garrison less than four companies, one.

12. The tour of duty for medical officers below the rank of major, at the following stations, will hereafter be two years, which time will be considered as equivalent to a full tour of duty (four years) in the military department in which the

several stations are located: Alcatraz Island, California; Fort Brown, Texas; Fort Canby, Washington; Columbus Barracks, Ohio; Fort Columbus, New York; Fort DuChesne, Utah; Camp Eagle Pass, Texas; Fort Hamilton, New York; Fort Mason, California; Fort McIntosh, Texas; Fort Myer, Virginia; Fort Porter, New York; Fort Ringgold, Texas; San Carlos, Arizona; Fort Thomas, Kentucky; Fort Trumbull, Connecticut; Fort Wadsworth, New York; Fort Warren, Massachusetts; Washington Barracks, D. C., Washington, D. C.; Fort Wayne, Michigan. This must not be considered an absolute rule, as the interests of the service may call for a change of station within the department or to another department before the regular tour of duty has expired; and circumstances may sometimes make it advisable to extend the tour of duty of a medical officer beyond the time specified.

13. The Surgeon General will recommend the assignment, as attending surgeons in the principal medical centers of the United States, of medical officers who have not yet passed their examinations for promotion to a majority, and, so far as may be practicable, in the order of their seniority. These details will be made for one year only, in order that as many medical officers as possible may be enabled to avail themselves of the opportunities thus offered for making themselves familiar with the practice of the leading physicians and surgeons in this country, and of attending medical lectures, meetings of medical societies, etc. At the end of this tour of duty medical officers are required to make a detailed report to the Surgeon General, showing how much of their time has been occupied by their official duties, and to what extent they have availed themselves of the advantages offered for professional advancement.

14. Medical officers assigned to duty as attending surgeons will select an office hour between the hours of 10 a. m. and 4 p. m., and will remain in their offices during this hour, unless called away by an urgent professional engagement. They will inform all officers on duty, and all retired officers living in the city, of their residence address, of their office hour, and of any changes made in the same; also, of any leave of absence which may be granted them, and of the address of

the physician who will attend to their duties while they are absent. They will be careful not to allow anything to interfere with the proper performance of their duties as attending surgeon and examiner of recruits.

EXAMINATIONS FOR PROMOTION.

15. Examinations for promotion will be made under the following heads: (1) Physical condition; (2) character and professional efficiency.

(1) When the board finds an officer physically incapacitated for service, it will conclude the examination by finding and reporting the cause which, in its judgment, has produced his disability, and whether such disability was contracted in the line of duty. For the purpose of this inquiry the proceedings of the board will conform to those of a retiring board.

(2) When the board finds an officer physically capable, the examination will proceed under the second head. Any evidence submitted as to character will be carefully considered, and such action will be taken as, in the opinion of the board, the case may require; provided, that an adverse finding shall not be entered until the officer shall have been fully heard in his own behalf. The professional examination of officers not found physically disqualified will be proceeded with by written questions of a practical character, including the following topics:

EXAMINATION OF LIEUTENANTS.—(1) First aid and transportation of wounded; (2) hospital and hospital corps administration; (3) Army Regulations, so far as they relate to the Medical Department or to the medical officer as an officer of the Army; (4) general and military hygiene; (5) recent progress in medicine and surgery; (6) subjects in which the officer may have been conditioned at his examination for appointment.

EXAMINATION OF CAPTAINS.—(1) Army Regulations, so far as they relate to the Medical Department or to the medical officer as an officer of the Army; (2) general and military hygiene; (3) clinical medicine, and recent progress in etiology, pathology, and therapeutics; (4) surgery and gynecology, including new operative procedures.

The board will report its recommendation of an officer for promotion in the following form: "We find that ——— has the physical, moral, and professional qualifications to perform efficiently all the duties of the grade to which he will next be eligible, and recommend him for promotion thereto."

The questions and answers of the written examination will be transmitted with the proceedings of the board. Each record must be signed by every member and by the recorder, and must show the concurrence or nonconcurrence of each member in the opinion of the board. When the board fails to recommend a candidate for promotion, the record should state the cause of such failure. The proceedings will be forwarded to the Surgeon General for the final action of the Secretary of War.

CHIEF SURGEONS OF MILITARY DEPARTMENTS.

(See A. R. 196, 1465.)

16. Chief surgeons and other medical officers, when ordered to make an inspection of a post, will examine the members of the hospital corps as to their efficiency in the ambulance and litter bearers' drill, and the methods of rendering first aid to the wounded.

17. Chief surgeons will keep the following record books: Letters received, letters sent, indorsements, and orders. They will also keep and turn over to their successors complete files of circulars, requisitions, records of medical officers, returns of the hospital corps, and reports received.

DUTIES OF MEDICAL OFFICERS IN THE FIELD.

18. The chief surgeon of a corps is held responsible for the proper and effective management of the medical service of the command.

He should keep a register of the medical officers and hospital corps, making assignments and issuing orders and instructions with the approval of and "By order" of the Major General Commanding, if authorized to do so. He should make himself acquainted with the sanitary conditions affecting the troops, the efficiency of the field hospitals and of the ambulance companies, and should call for weekly reports of sick

and wounded and of the personnel and means of transportation of the hospital corps. All reports and papers not requiring special action should be checked off and receive the stamp of his office before transmittal. Such papers include personal reports of medical officers, monthly reports of sick and wounded, of the hospital corps and of the hospital fund, and sanitary reports from chief surgeons of brigades and divisions; also the lists of wounded called for after an engagement. A copy of the action taken on all papers referred to him or forwarded by him should be made in an indorsement book. Such papers include those relating to resignations, leave of absence or discharge on account of disability, requisitions for medical and hospital and hospital corps supplies, and all recommendations or complaints referring to the medical service or affecting the health and well-being of the troops. Copies of orders and letters should be made and placed on file, and all circulars or orders from the Surgeon General or the Chief Surgeon of the Army should be published without delay to the chief surgeons of divisions.

Prior to a movement, the chief surgeon should verify, by personal inspection, the condition of the hospitals and of the hospital corps companies and their trains, and should make all the arrangements needful for the probable exigiencies of the campaign. He should see that the assignments by chief surgeons of divisions to positions on the operating staff of the field hospitals include the best surgical skill of each division. On the march he should accompany the staff and acquaint himself with the topography of the country; and when an engagement is imminent he should indicate to chief surgeons of divisions the localities best suited for the establishment of the field hospitals. He should inspect these from time to time, and exercise general supervision over the first-aid and ambulance stations and the movement of the wounded to the hospitals. He should also supervise the movement of sick and wounded to the base or general hospitals, providing transportation and detailing medical officers and attendants for their care. When absent on such duties he should leave a competent medical officer with the staff to represent him and to inform him of important changes in the military

conditions. The Commanding General should be kept informed of the work of the Medical Department, and should always be consulted in matters of importance.

(*a*) The chief surgeon of a division supervises the medical and hospital corps service of the division. He should transmit official reports and papers, with the stamp of his office if routine in character, or with his views indorsed thereon if the subject appears to call for this action. He should have frequent personal communication with the chief surgeon of the corps, and should endeavor to carry out the views of the latter on behalf of the troops. His usual position is with the staff, but he should make frequent visits to the division hospital and the ambulance company to oversee their work. He should detail one medical officer in rotation as officer of the day, who, on the march, should keep him informed of any noteworthy occurrence, and who, in camp, should visit each regiment of the division to report on its hygienic and sanitary conditions. Before an engagement he should see that the field hospital is properly established and that the operating surgeons and their assistants are at their proper stations. During and after the engagement he should supervise the movement of the wounded from the ambulance stations to the hospital.

(*b*) The chief surgeon of a brigade is the adviser of the brigade commander in all medical and sanitary questions concerning the command. He should call for a weekly (or daily, as may be required) report of sick and wounded from regimental surgeons and of the detailed members of the hospital corps on duty with them. He should forward the formal reports of these surgeons, and promulgate orders from brigade and higher authorities. He should keep careful watch over the health of the brigade, reporting in writing from time to time, as may be required, and consulting in emergencies with the chief surgeon of the division. During and after an engagement he should supervise the work at the first-aid stations and the removal of the wounded to the ambulance stations, unless on account of his superior ability he has been assigned to duty at the operating tables, in which case a competent officer should be detailed to represent him temporarily on the staff of the brigade.

(*c*) The regimental surgeon is, in sanitary matters, the adviser of the regimental commander. On the march and in camp he should examine the sick with a view to their proper treatment and disposition. He is responsible for any unexpendable medical and hospital property issued for the use of the regiment. His supplies of medicines, etc., should be renewed by requisition on the surgeon in charge of the hospital. Members of the hospital corps on duty with the division are detailed to duty with him. Daily, after sick call, he should send a morning report of sick and wounded and of the hospital corps to the regimental commander, with a duplicate to the chief surgeon of the brigade. He should keep, as a register of sick and wounded, a retained copy of the monthly report forwarded through the offices of chief surgeons to the Surgeon General; cases treated in the division field hospital should be borne on this report as completed. See paragraph 148. He should forward monthly, or when his official station has been changed, a personal report on a memorandum slip. After every engagement a list of wounded of the command should be forwarded. If the regimental surgeon is, by order of the chief surgeon, placed on temporary special duty, the senior medical officer with the command will perform the duties of the regimental surgeon. During an engagement he should serve at the first-aid stations.

(*d*) The surgeon in charge of a division hospital is responsible for the care of the sick and wounded on the march and in camp, and for the comfort and general welfare of the wounded when brought to the hospital by the ambulance service. He should direct the unpacking of the wagons for the establishment of so much of the hospital as may be necessary, and the subsequent repacking when the march is to be resumed. He should superintend the admission, return to duty, or transfer to base hospitals, of his patients. As commanding officer of the hospital corps detachment he should keep the accounts of the enlisted men on duty at the hospital. He should make timely requisition for medicines, medical and hospital stores, supplies and property, for the care, expenditure, and use of which he is held responsible. He should supply regimental and other medical officers of the division with

such articles as may be required and are available for the treatment of the sick. He should send a daily report of sick and wounded and of the hospital corps to the chief surgeon, and transmit to the Surgeon General similar reports for the month, with a statement of the hospital fund. After an engagement he should forward lists of wounded, and on sending patients to base hospitals he should furnish transfer lists to the senior surgeon accompanying them. Medical officers may be assigned to assist him in the management of the hospital. One of these should act as executive officer, aiding the surgeon in charge in the work of supervision, and having special charge of the records. Another should superintend the cooking and diet of the hospital, drawing rations from the Subsistence Department, issuing them for use and keeping the accounts of the hospital fund. He should also have special charge of the hospital stores and of such articles of property as are connected with the cooking and serving of food. Others should be assigned as attending surgeons to care for the sick on the march and in camp, and during an engagement to look after the management of the wards, and to make notes of operative procedures, deaths, and of the progress of cases, for subsequent report to the surgeon in charge and entry on the records of the hospital.

(*e*) The officer in command of the ambulance company is charged with the care of the pay, clothing, and subsistence of his men, and is held responsible for the care of ambulances and other wagons, tents, horses, mules, forage, etc. His subaltern officers assist him in the discharge of these duties. During and after an engagement he is responsible for the safe and speedy transportation of the wounded on litters and in ambulance wagons from the field to the hospital by way of the first-aid and ambulance stations, which latter he should organize.

HOSPITAL CORPS.

(See A. R. 1396–1411.)

19. Application for the positions of hospital steward and acting hospital steward must be accompanied by an affidavit that the applicant is *not married*, and should be forwarded through military channels.

20. The examination for the positions of acting hospital steward and hospital steward will embrace the following subjects: (1) Arithmetic; (2) materia medica; (3) pharmacy; (4) care of sick and ward management; (5) minor surgery and first aid; (6) elementary hygiene. Proficiency in penmanship and orthography will be estimated from the papers submitted.

21. The replies certified to by the board (A. R. 1397) as *having been made without recourse to books, memoranda, or other sources of assistance* will be forwarded with the report of the board direct to the Surgeon General, in whose office the papers in the hospital steward examinations will be marked. In the examination for acting hospital steward the board will mark the papers before forwarding them and report as to the eligibility of the candidate. The examination for both grades will embrace the same subjects, but that for acting hospital steward will be less difficult.

22. The board will investigate and report upon the following: (1) Physical condition; (2) character and habits, especially as to the use of stimulants and narcotics; (3) discipline and control of men; (4) knowledge of regulations; (5) nursing; (6) dispensary work; (7) clerical work; (8) principles of cooking and mess management; (9) hospital corps drill; (10) minor surgery and first aid, including extraction of teeth.

23. The duties of hospital stewards and acting hospital stewards are to look after and distribute hospital stores and supplies; to care for hospital property; to compound and administer medicines; to supervise the preparation and serving of food; to maintain discipline in hospitals and watch over their general police; to prepare reports and returns; to supervise the duties of the members of the hospital corps in hospital and in the field, and to perform such other duties as may, by proper authority, be required of them.

24. A reexamination before first reenlistment as hospital steward may not be required if the surgeon of the post and chief surgeon state that the steward has performed his duties efficiently, but will be held before second reenlistment. No subsequent reexaminations will ordinarily be required.

25. Medical officers will not make enlistments or reenlistments for the hospital corps without obtaining special authority, in each case, from the Surgeon General.

26. Slight physical defects in applicants, which, under existing orders, would disqualify for the line, but would not interfere with the *full* performance of the duties of a sanitary soldier *in garrison* or *in the field*, may be waived, provided authority therefor has been obtained from the Surgeon General. Note should be made on the enlistment paper of any special knowledge professed by applicants, as of cooking, gardening, or of a trade or other useful occupation. Those applicants who have graduated in pharmacy, or who have been licensed by State boards of pharmacy, should submit proof thereof, by diploma or otherwise. Trained nurses, or those who have served as such in civil hospitals, should present certificates of their training or service.

27. In stating "character of the soldier, in detail," on the descriptive list of a member of the hospital corps transferred, in addition to his general character as usually given, his habits as to sobriety and his attention to duty will be noted, adding, in case of a hospital steward or acting hospital steward his ability to command men, and in case of a private his special qualifications as nurse, cook, etc. In noting physical condition on descriptive list, any important defects will be mentioned. In each case of transfer from a company of instruction a special report of results of instruction will be made, on information slip, to the surgeon of the new station, to be forwarded through the chief surgeon to the Surgeon General. The following order will be used, estimating each item on the basis of a maximum of 10: (1) Discipline; (2) nursing; (3) first aid; (4) drill; (5) cooking; (6) pharmacy; (7) clerical work; (8) field work; (9) care and management of animals.

28. At posts entitled to an acting hospital steward, where no detail has been made, the allotment of privates may be temporarily increased by one private under instruction for the vacant position.

29. Members of the hospital corps will be instructed by a medical officer of the post for at least eight hours in each month. This instruction will consist of lectures and demonstrations in the methods of rendering first aid to the sick and wounded, and of drills in the ambulance service, and as litter bearers, in accordance with the Drill Regulations.

HOSPITAL CORPS IN TIME OF WAR.

30. The provisions of Army Regulations governing the hospital corps so far as they are inapplicable in time of war and with troops in the field are suspended during the existence of such conditions.

(*a*) Enlisted men of volunteer organizations may be transferred to the hospital corps of the Regular Army by the commanding general of the Army corps in which the soldier is serving, upon the recommendation of the chief surgeon of the corps.

(*b*) The commander of an Army corps, or of a division or brigade acting independently of a corps, is charged with the full control of the transfer from the line, the enlistment, reenlistment, and discharge of members of the hospital corps of his command, with the detail of acting hospital stewards and the appointment of hospital stewards.

(*c*) Acting hospital stewards will be detailed from privates of the hospital corps who are recommended by their medical officers as possessing the necessary qualifications. Hospital stewards will be appointed from acting hospital stewards who are recommended by their medical officers and who have served not less than three months in the hospital corps and are approved by a board of not less than three medical officers.

(*d*) Enlistment papers in duplicate, examination forms and outline-figure cards for members of the hospital corps will be forwarded to the Surgeon General's office, and monthly reports will be made by the chief surgeon of the corps, or division if acting independently, showing the number of stewards, acting stewards, and privates on duty, the names of men transferred from the line, of those enlisted or reenlisted, discharged, died, detailed acting hospital steward, or appointed hospital steward.

(*e*) The quota of members of the hospital corps for a corps of 25,000 men is—

	Hospital stewards.	Acting hospital stewards.	Privates.
For each regiment of infantry	1		1
For each artillery battalion, 3 light batteries		3	1
For each regiment of cavalry	1		2
For each corps headquarters	1		2
For each division headquarters	1		1
For each brigade headquarters			1
For each division ambulance company, and for the reserve corps company	7	3	104
For each division field hospital, and for the reserve corps field hospital	6	3	90

(*f*) The three volunteer hospital stewards mustered in with each regiment are included in this strength.

(*g*) The corps commander may make such distribution of the members of the hospital corps within his command as he considers for the best interests of the service.

(*h*) When recruits of the hospital corps are sent to posts or stations, recruiting officers will forward in each case the descriptive and assignment card required by A. R. 850 for the line of the Army.

31. The field equipment to be carried by privates of the hospital corps is as follows: Canteen, canteen strap, haversack, haversack strap, litter sling, waist belt, waist-belt plate, meat can, tin cup, knife, fork, spoon, hospital-corps pouch; when serving as orderly, a medical officer's orderly pouch, instead of the hospital-corps pouch. The field equipment for noncommissioned officers is the same as for privates, with the exception of the litter sling and hospital-corps pouch.

32. The articles heretofore carried in the knapsack or blanket bag, together with the overcoat, will be rolled in the piece of shelter tent supplied each soldier, and carried in the transportation wagon; when the soldier is mounted, and no wheel transportation is available, they will be carried on the saddle, as directed in the Drill Regulations for the Cavalry.

33. When detailed for service in the field during Indian wars, or when left with the sick or wounded under circumstances which justify the expectation that their rights as noncombatants, under the Geneva Convention, will not be recognized, commanding officers will issue to members of the hospital corps revolvers or other available firearms. With these exceptions, no side arms will be issued to members of the hospital corps.

INSTRUCTION IN FIRST AID.

(See A. R. 1412, 1413.)

34. Instruction in the duties of litter bearers and the methods of rendering first aid to the sick and wounded will be given to all enlisted men of the Army by their company officers for at least four hours in each month. Company commanders will be supplied by the Surgeon General with the Drill Regulations for the Hospital Corps, and the surgeon of the post, under the direction of the post commander, will thoroughly instruct such captains as may volunteer therefor and all lieutenants serving with troops in the professional knowledge required.

35. The instruction necessary to enable company officers to drill the enlisted men of their companies "in the duties of litter bearers and methods of rendering first aid to the sick and wounded" will be given chiefly by practical demonstrations, made in their presence. The prescribed drills of the detachment of the hospital corps will be utilized for this purpose, especial attention being given to the instruction in first aid. The practical demonstrations, accompanied by full explanations, should include methods of arresting hemorrhage, of applying the dressings contained in the first-aid packet, of immobilizing a fractured limb, of resuscitating those apparently drowned, etc., and should be supplemented by lectures designed to convey all essential information with reference to the anatomy of bones and blood vessels; the causes and treatment of syncope and of heat exhaustion; the differential diagnosis and treatment of sunstroke; the rationale of the various measures of first aid to the sick and wounded, etc.

HOSPITAL MATRONS.

(See A. R. 1437.)

36. Washing for the Medical Department not done by a hospital matron is paid for on vouchers (Form No. 4) approved by the Surgeon General.

AMBULANCE SERVICE.

(See A. R. 1414–1419.)

37. The ambulance and hospital service of each independent command will be under the supervision of its chief surgeon. This officer should make all necessary arrangements for the care and transportation of the wounded, who, during an engagement, will receive attention at the following principal points, and in the following order: (1) with the line of battle under fire; (2) at the first dressing stations; (3) at the ambulance station; (4) at the division, brigade, or field hospitals. He establishes the ambulance stations in the rear, and gives directions concerning the first dressing stations; details the proper number of privates of the hospital corps, acting hospital stewards, hospital stewards, and medical officers for duty with the advance line, and for the care and transportation of the wounded between that line, the first dressing stations, the ambulance stations, and the hospitals. (See also paragraph 18 (*e*).)

38. First dressing stations will be established at the place nearest to the combatants, where the wounded and those caring for them will not be unnecessarily exposed to fire. Ambulance stations will be established at some place of security in the rear, or in some convenient building near the field of battle. The hospitals will be established by the chief surgeon, after consultation with the commanding general. Dressing stations will be distinguished during the day by red-cross flags, and at night by red lanterns.

HOSPITAL BUILDINGS.

(See A. R. 1424–1430.)

39. New floors in hospitals will not be painted. They may be finished in oil and paraffin, or oil, wax, turpentine, etc., to

which coloring matter may be added if deemed necessary. Floors of verandas and porches should be protected by paint.

40. When an allotment of funds for the repair of a hospital or hospital steward's quarters has been made, the officer in charge will be notified of the action by letter from the Surgeon General, the receipt of which will be acknowledged by return mail. Estimates and other papers referring to a hospital must be prepared separately from those for a hospital steward's quarters. On the last day of each month, until the work is completed and so reported, the surgeon in charge will advise the Surgeon General, by information slip, of the progress effected, or if none, the cause of the delay so far as he can ascertain it.

41. In every post hospital a room should, if possible, be set aside as an operating room. Special attention should be given at all times to the cleanliness of this room, including its walls and floors, as well as the necessary furniture. A stout table, of suitable size and plain finish, that can be easily scrubbed, should always be in readiness. In this room should be placed all the instruments and dressings, antiseptics, anæsthetics and other appliances that may be needed in an emergency. While always accessible, they should be guarded from handling by irresponsible persons. The Arnold's sterilizer and the boiler of the kitchen stove or range afford ready means for sterilizing instruments, dressings, basins, towels, etc., that may be needed at an operation. At large permanent posts, if no suitable room is available, plans and estimates should be forwarded for such changes in or addition to the hospital building as will provide a conveniently located operating room. Provision should also be made for a laboratory, in which the chemical and bacteriological sets furnished can be conveniently arranged and kept always ready for use.

ARMY AND NAVY GENERAL HOSPITAL.

(See A. R. 155.)

42. The Army and Navy General Hospital, Hot Springs, Ark., is under the direction of the Secretary of War, and is devoted to the treatment of the officers and enlisted men of the military and naval service of the United States, the

officers of the revenue-cutter service and of the marine-hospital service, *and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States,* for such diseases as the waters of the Hot Springs of Arkansas have an established reputation in benefiting, *except that cases of venereal disease will not be admitted.*

(*a*) Admission to this hospital is restricted to those of the above-named classes who require medical treatment, in the following order of preference: (1) Officers and enlisted men of the Army, the Navy, and the Marine Corps on the active lists, and cadets at the Military and Naval Academies; (2) officers and enlisted men of the Army, the Navy, and the Marine Corps on the retired lists; (3) officers of the revenue-cutter service and of the marine-hospital service; (4) *honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States may also be admitted by authority of the Surgeon General when there are vacant beds in the hospital.*

43. The organization of the hospital shall consist of one medical officer of the Army, who will command it, and such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War or the Secretary of the Navy, respectively; one officer of the Quartermaster's Department, or of the line of the Army as an acting assistant quartermaster, who will also be an acting commissary of subsistence, if required, detailed by the Secretary of War; such noncommissioned officers and men of the hospital corps as may be authorized by the Secretary of War; and such civil employees as may be necessary for the proper service of the hospital.

(*a*) The civil employees not in the classified service will be appointed by the commanding officer, having in view their fitness for the service required. They will be governed by such rules as may be promulgated for the service of the hospital, and they may be discharged by the appointing officer for unfitness, or when their services become unnecessary.

44. Officers under treatment, when subsisted in the hospital, will be subject to a charge for subsistence not to exceed

one dollar and fifty cents per day, to be paid on the last day of each month, or upon leaving the hospital.

(*a*) Military or naval cadets will in like manner pay a subsistence charge at the rate of one dollar per day. Such cadets while patients may have the privilege of the officers' mess, at the discretion of the commanding officer.

(*b*) Should an officer or cadet from any cause (as in case of death) fail to pay an account for subsistence when due, the fact will be immediately reported by the commanding officer to the Surgeon General of the Army, who will certify the fact to the Paymaster General of the Army, to the Surgeon General of the Navy, or to the Secretary of the Treasury, as the case may be, and the proper officers of the War, Navy, or Treasury Departments will take such steps as will promptly secure to the hospital payment of the amounts due.

(*c*) Enlisted men on the active list while under treatment or on duty in the hospital will have the usual allowance of rations commuted at the rate of not less than thirty cents per day, to be paid by the proper officers of the War or Navy Department, upon the receipt of monthly statements of the amounts due, certified by the Surgeon General of the Army.

(*d*) Enlisted men of the Army, the Navy, or the Marine Corps admitted to the hospital by proper authority while on furlough will pay for subsistence at the same rate that the rations of the other enlisted men are commuted.

(*e*) Enlisted men of the Army, *the Navy, and the Marine Corps* on the retired list, *and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States will pay for subsistence thirty cents per day.*

45. Subsistence stores for use in the officers' and enlisted men's messes may be purchased by the commanding officer of the hospital from such officers of the Subsistence Department as the Commissary General of Subsistence may designate.

46. The commanding officer will account monthly to the Surgeon General of the Army for all money received or expended on account of officers and enlisted men.

47. The Surgeon General of the Army will certify monthly to the Surgeon General of the Navy all balances due on account

of subsistence furnished to enlisted men of the Navy or Marine Corps on the active list, and to the Commissary General of Subsistence of the Army all balances due on account of subsistence furnished to enlisted men of the Army on the active list, said men in each case being such as have been ordered to the hospital for duty or treatment.

48. Authority for the admission of an officer of the Army on the active list will be granted on his personal application, through the regular military channels, to the Adjutant General of the Army, for a sick leave of absence, based upon a medical officer's certificate that sets forth the disability for which treatment at this hospital is recommended, and the opinion of the medical officer that such treatment will conduce to the more rapid recovery of the patient. Sick leave of absence to enter the hospital will then be granted.

(*a*) The limit of a permit to enter the hospital is fixed at fourteen days.

(*b*) An officer's continuance in the hospital will be determined by the commanding officer, who will from time to time report to the Adjutant General as to the officer's physical condition, and will express his opinion as to the length of time required for treatment. If this is approved, the sick leave, if the officer has such, will be extended accordingly. Ordinarily, officers on the active list will not remain longer than four months at the hospital, and a special report will be made in the case of an officer who shall be under treatment there six months.

(*c*) Retired officers of the Army may make direct application, accompanied by a medical certificate, to the Adjutant General for permission to enter the hospital. Retired officers may leave the hospital at their discretion, but they will not remain in hospital longer than three months without special permission, based on the recommendation of the commanding officer.

(*d*) The accommodations for enlisted men of the Army are allotted among the several military departments. The commanding officer of the hospital will notify department commanders from time to time of the number of vacant beds at their disposal.

(*e*) For the admission of an enlisted man application will be made to the department commander by the man's immediate commanding officer, on the recommendation of the surgeon, which will accompany the application. Should the chief surgeon so advise, the department commander may order the soldier to report to the commanding officer of the hospital for admission for treatment.

49. When in his opinion it is proper, the commanding officer of the hospital will issue the necessary orders for the soldier to rejoin his company or station. Should he be a fit subject for discharge for disability, or should a change of climate be thought necessary, the commanding officer of the hospital will notify the Adjutant General and make such recommendations as he may deem proper, when suitable orders will be issued in the case.

50. In selecting cases for this hospital medical officers will exercise discretion, and will only recommend such as are serious or obstinate and do not promise good results if treated at the post. It is not required to certify that treatment at Hot Springs is *necessary* to restore health, but to establish a reasonable probability that the facilities there will materially aid in the rapidity and permanence of the recovery. Besides the transfer slip, an outline of the history and treatment of the case must accompany each patient.

51. The transfer of venereal cases to the Army and Navy General Hospital, Hot Springs, Ark., is prohibited. In order that patients suffering from venereal diseases may not be permitted to enter this hospital, medical officers will exercise great care in their examination of each case before they forward requests for admission.

SERVICE OF HOSPITALS.

(See A. R. 1435–1449.)

52. When a patient is transferred from the care of one medical officer to another, a report of the case (Form No. 26) will accompany him.

53. Hospital clothing will be worn by patients only during their stay in hospital. Each article will be marked as hospital

property. When very sick soldiers are transferred from one hospital to another, the hospital clothing necessary for their comfort may be sent with them, properly invoiced, and accompanied by a check list, giving the names of the men in whose possession it is. Under the provisions of this paragraph, crutches and similar articles may, if necessary, be similarly transferred with the patient from one post or hospital to another.

54. Clothing and other articles which can be immersed in boiling water, or a disinfecting solution, without material injury, should be disinfected and not destroyed by burning. Articles destroyed to prevent contagion must be accounted for by a certificate of the officer responsible, setting forth fully the circumstances necessitating such destruction.

HOSPITAL FUND.

(See A. R. 300, 1259, 1269, 1270.)

55. A statement of the hospital fund and return of durable property in the prescribed form (Form No. 35) will be forwarded by the surgeon at the end of each month and when relieved from duty, to the chief surgeon, who upon examination and approval will forward it to the Surgeon General.

56. Chief surgeons may grant authority for the purchase of articles required for the use of the sick in hospital and for the hospital corps, when satisfied that they are proper charges against the hospital fund. In case of doubt, the request for authority will be referred to the Surgeon General for his action.

57. Officers of the Medical Department will be held to a personal accountability for the loss of any portion of the hospital fund not deposited and locked in the cash box of the hospital safe. Any change in the combination of the lock of the hospital safe will be immediately reported to the Surgeon General.

58. Gratuities to hospital cooks may be authorized by chief surgeons when the amount of the hospital fund on hand justifies such an expenditure, viz:

(*a*) At posts where the number of patients treated in hospital averages less than five daily, ten cents per day; where the number averages more than five daily, twenty cents per day;

where the number averages more than ten daily, a gratuity of ten cents per day may also be paid to a second cook.

(*b*) A gratuity of not exceeding ten dollars may be paid from the hospital fund to the hospital gardener, when approved by the Surgeon General.

(*c*) Chief surgeons will instruct the medical officers serving in their respective departments, when granted authority to pay gratuities, to quote on the statement of the hospital fund the date and source of such authority.

MEDICAL ATTENDANCE.

(See A. R. 1450-1459.)

59. The family of an officer will be understood to include his wife, minor children, and other dependent members of his household, including servants.

60. If citizens residing in the neighborhood of a military post desire the professional attendance of an Army medical officer, it is regarded as not inconsistent with the requirements of the regulations governing the Army for such officer to render his services, when this does not interfere with the proper performance of his official duties. But the establishment of an office outside of the limits of a military post for the purpose of engaging in civil practice is prohibited.

61. Civilians employed in post exchanges are held to be entitled to the privileges of medical and hospital attendance and purchase of medicines allowed civilian employees under A. R. 1444, 1445, 1447, and 1450.

MEDICAL SUPPLIES.

(See A. R. 1460, 1461.)

62. Medical officers in charge of medical supply depots will purchase and distribute medical and hospital supplies. In cases of emergency, articles not on hand will be purchased in small quantities to fill duly approved requisitions, without waiting for the approval of the Surgeon General.

63. Medical officers detailed as disbursing officers will pay accounts against the Medical Department, when approved by the Surgeon General. Requests for funds will be sent to the

Surgeon General in time to prepare and forward requisitions for the same to the Secretary of War before the 25th day of each month.

64. The Supply Table enumerates the medical supplies issued to the Army, and the quantities and sizes of original packages. The Medical Department will supply, from time to time, new remedies of determined therapeutic value; but newly-introduced remedies, desired only for experiment, and such as offer no manifest advantage over those already issued, will not be supplied. These supplies are selected for the *military service,* and it is believed that all necessary articles are included, and that the quantities allowed will be found sufficient under ordinary circumstances. Requests for particular preparations simply because they are agreeable to the taste, or to save trouble in compounding, will not be approved; nor will preparations of a drug be furnished when one or more practically equivalent ones are on the Supply Table.

REQUISITIONS.

65. The senior medical officer of every post will make annual requisition for medical supplies for the year commencing January 1, unless another date is fixed by the Surgeon General. The requisition will be made in triplicate and forwarded to the chief surgeon; or, in the case of independent posts, in duplicate, to the Surgeon General.

66. Chief surgeons will see that annual requisitions do not call for any article not on the Supply Table, nor for quantities in excess of those therein allowed. They will forward one copy to the Surgeon General, one, with their approval, direct to the medical supply depot designated by the Surgeon General for issue, and will retain one.

67. Annual requisitions will be forwarded to the chief surgeon within twenty days before the date at which the period they cover begins. They will be made only for articles that are, or probably will be, needed during the year; will state the quantity of all articles on hand, *as verified by a medical officer* in accordance with paragraph 77, and will give the total number of persons entitled by regulations to medicines. Quantities on hand will be deducted from the quantities

allowed by the Supply Table. The quantities asked for will be computed on the basis of original packages.

(*a*) Chief surgeons at their inspections will carefully investigate the method of preparing requisitions, particularly as to the necessity for the quantities asked for, and the accuracy with which the quantities on hand are stated.

(*b*) Requisitions for supplies for temporary posts or for those soon to be abandoned will be confined to such articles as are absolutely necessary.

(*c*) Subposts and camps will, in the absence of orders to the contrary, obtain such medical supplies as may be required by requisition upon the senior medical officer of the post to which they are subsidiary, who will issue them after approval by the chief surgeon.

(*d*) The smaller posts will not require all the articles included in the Supply Table, and the local prevalence or rarity of certain diseases, as well as the quantity or number on hand of each article, will be considered in the preparation and approval of requisitions.

68. When medical supplies are absolutely necessary before the annual requisition is made they will be asked for upon a special requisition, in triplicate, giving a list of the articles needed, and the quantity of each on hand, and the reasons for the necessity of such requisition. These will be transmitted through the chief surgeon, who will retain one copy and will forward two to the Surgeon General.

(*a*) Chief surgeons will personally and carefully scrutinize these requisitions, and will make such changes as they may deem proper.

69. In all returns, requisitions, invoices, and receipts pertaining to medical supplies, the nomenclature, order of entry, and classification of the Supply Table will be strictly followed, and all copies will be carefully compared. They will be forwarded without letters of transmittal.

70. In cases of emergency, as sudden epidemics, not admitting of delay, chief surgeons are authorized to act upon special requisitions, forwarding one copy, with their action, to the nearest medical supply depot, one to the Surgeon General, with an indorsement stating the circumstances, and retaining

one; but requisitions for articles not on the Supply Table must, in all cases, be forwarded to the Surgeon General for his action.

(*a*) When, as a result of the prevalence of an epidemic, or for any other reason, necessary supplies are likely to be exhausted, timely requisition must be made for additional supplies. Medical officers will be held accountable for any suffering which may result from their failure to ask for supplies when it is evident that they will be needed.

TRANSFER OF MEDICAL SUPPLIES.

71. Officers transferring medical supplies will prepare invoices (Form No. 18) in duplicate, one for the Surgeon General and one for the receiving officer. The receiving officer will prepare receipts (Form No. 19) in duplicate, one for the issuing officer and one for the Surgeon General. The vouchers for the Surgeon General will be promptly forwarded after the transfer is completed. A packer's list (Form No. 17) will, if necessary, be furnished by the issuing officer.

72. Great care should be exercised before receipting for cases of instruments, microscopes, and other property of similar character not enumerated on the property papers in detail, to ascertain that the full contents of such cases are present and in good order. Incomplete cases will be receipted for as such, and a list of the missing instruments, etc., will accompany the receipt in order that the proper officer may be held accountable for the deficiency.

(*a*) Receipts, without remark, for cases of instruments and similar property will be considered as evidence that they are complete and in accordance with the lists of contents as given in the Supply Table, and the receiving officer will be held responsible in accordance therewith.

(*b*) The issuing officer will enter on his invoices, and the receiving officer on his receipts, the condition of all articles not serviceable.

73. Medical officers will report to the Surgeon General and to the issuing officer all defects observed in the quality, quantity, or packing of medical supplies. They are requested to freely communicate to the Surgeon General any suggestions

tending to the improvement of medical supplies, appliances, etc., and to make reports as to new designs of apparatus, field equipment, etc.

74. Medical officers will take up and account for all medical property of the Army that comes into their possession, and will report, when possible, to whose account it is to be credited.

(*a*) Officers will be held responsible for the serviceable and complete condition of all property in their possession, except such as may have been rendered unserviceable by fair wear and tear.

(*b*) In the absence of a medical officer the officer designated to take charge of medical property (A. R. 659) will sign all property and administrative papers.

ACCOUNTABILITY.

75. When nonexpendable* articles are lost or destroyed the circumstances of the loss or destruction must be fully set forth in a certificate from the officer responsible for the property, or in a certificate of a commissioned officer cognizant of the facts, or, in the absence of these, in an affidavit of a noninterested person. If the evidence is considered satisfactory by the Surgeon General, the responsible officer will be so informed and authorized to drop the articles from his returns. If not satisfactory, he will be required to replace them at his own expense.

76. Surgical instruments and appliances that require and are considered worth repairing will be reported to the Surgeon General through the chief surgeon, with a statement of the repairs needed. When requisition is made to complete a broken or imperfect instrument or apparatus, the name of the maker will be given. Instruments of different makes have been issued, and such information is required to insure the proper pattern and fit of the parts asked for.

77. The responsible officer will cause all instruments in his charge to be examined by a commissioned medical officer at least once each month. He will also once each year cause all

* The names of all expendable articles are printed in the Supply Table in Roman type; those of all nonexpendable articles are in *italics*.

medical property in his charge to be carefully examined by a commissioned medical officer, and verified by the returns, invoices, etc.

REPAIR OF FURNITURE.

78. Officers will report to the Surgeon General such articles of furniture as may need and are considered worth repair or renovation by painting, varnishing, etc. This should be done by post labor, if practicable, request being made for authority to purchase necessary material. If not practicable, the officer will obtain one or more estimates in detail of cost of repair or renovation of such furniture, and forward them through the chief surgeon for the action of the Surgeon General.

RETURNS OF MEDICAL PROPERTY.

79. Officers in charge of medical property will prepare annually, on December 31, unless another date is fixed by the Surgeon General, or when relieved from the charge thereof, returns of medical property (Form No. 20) in duplicate, showing those articles on hand at last return, those received, expended, issued, and sold, and those remaining on hand. The original of this return will be promptly transmitted to the Surgeon General. The duplicate, with a complete set of vouchers, will be retained for the protection of the officer responsible for the property.

(*a*) In exceptional cases a certified invoice may be offered by the issuing officer, in the absence of a receipt, as a substitute for the proper voucher, together with such additional evidence as he may possess in regard to the issue.

(*b*) No interlineations or erasures will be made on the returns, and all articles not provided for in the printed headings will be entered in proper order under the heading of additional articles.

(*c*) In invoicing or accounting for broken packages, such as bottles, jars, etc., fractions will be given as ¼, ½, ¾.

80. Articles issued to posts shall not be taken away by the officer on being relieved, nor when availing himself of a leave of absence, except by authority of the Surgeon General or of a chief surgeon.

UNSERVICEABLE PROPERTY.

(See A. R. 1463.)

81. Duplicate lists of unserviceable property will be forwarded direct to the Surgeon General.

82. When condemned medical property is sold at public auction the officer responsible therefor will prepare an account of sales (Form No. 9) in duplicate. He will also prepare an invoice (Form No. 10) in duplicate, of the articles sold. The original of this account of sales, accompanied by the original invoice and a copy of the inventory and inspection report, will be sent at once to the Surgeon General; the duplicate copies of each will be filed by the officer with his retained set of vouchers.

83. Medical officers receiving money from the sale of public property will deposit the same, without delay, in the nearest Government depository to the credit of the Treasurer of the United States, taking duplicate certificates of deposit therefor, the original of which will be forwarded by the depositor, without letter of transmittal, direct to the Secretary of the Treasury, Washington, D. C., and the duplicate retained by him. Should it be necessary to incur any expenses in connection with such sales they will be paid out of the total receipts before depositing the latter, in which case the expenses will be supported by properly prepared and receipted vouchers attached to the account of sales.

USE OF MEDICAL PROPERTY.

84. Medical officers in charge of hospital property will not permit it to be used for other than hospital purposes. (A. R. 1443.)

(*a*) Chief surgeons will report every violation of paragraph 84; but it is not to be construed as prohibiting medical officers from taking books and instruments from the hospital when necessary.

(*b*) Under no circumstances will hospital bedding be used except within the hospital to which it has been supplied; nor will it be used by members of the hospital corps, except when on duty in the wards.

(*c*) Hospital matrons are not entitled to hospital stores, except when prescribed for them as patients; the issue to them of soap or lye for laundry use is not authorized.

(*d*) The issue of articles for use in the preparation of cleaning mixtures, cosmetics, perfumery, use with spirit lamps, etc., is strictly prohibited.

(*e*) The exchange of medicines with druggists is prohibited.

85. Blankets not in use should be frequently examined, and occasionally shaken and hung out of doors. When stained and soiled, but otherwise in good condition, they should be washed and continued in service. When deemed necessary, authority will be given to have them washed at a steam laundry, if one is near the post.

86. Laundry appliances will not be supplied to post hospitals. Washtubs will be furnished for the purpose of soaking sheets, clothing, etc., in disinfecting solutions.

87. Cocoa matting, in strips 1 meter wide, is supplied for use on the floors of halls, but not for use on stairways or in wards. It should be laid in one strip, and zinc ends will be issued as required, two for each strip. It should not be nailed to the floor.

88. Rubber and flexible catheters and bougies will be kept in the catheter box, using talc (French chalk) or glycerin to preserve them.

89. Pieces of canvas of the proper size for litters will be issued as required to replace pieces that may become torn or unserviceable. If soiled, the canvas will be removed from the litter, washed, and replaced.

VACCINE VIRUS.

90. Requests for vaccine virus will be made direct to the Surgeon General by information slip. On account of its liability to become inert from various causes, especially from heat, it will be asked for in such quantities only as are needed for early use.

DISINFECTANTS.

91. The routine issue of disinfectants is prohibited. (A. R. 1462.)

(*a*) Disinfectants are issued, as are medicines, to be used by medical officers when actually required for some specific purpose. Chloride of lime, carbolic acid, and mercuric chloride are issued by the Medical Department for use as disinfectants, properly so called. A solution containing 4 per cent of good chloride of lime, or 5 per cent of carbolic acid, is suitable for disinfecting the excreta of patients with cholera or typhoid fever, or the sputa of patients suffering from diphtheria, scarlet fever, or tuberculosis. The floors, furniture, etc., in rooms occupied by patients suffering from an infectious disease may be washed with a 2 per cent solution of carbolic acid, or with a solution of mercuric chloride of 1-1000. Soiled bed linen, underclothing, etc., used by such patients should be immersed in one of the above-mentioned solutions before it is sent to the laundry. *But in the absence of any infectious disease, these disinfecting agents are not required, and their expenditure for purposes of general post sanitation is not authorized.*

(*b*) Sulphate of iron and other cheap antiseptics and deodorants may be used when necessary. But the necessity for their use is a reproach upon the sanitary police of a post, and should only be required under exceptional circumstances. The alvine discharges of healthy persons do not require disinfection, and when properly disposed of do not require treatment with any chemical agent whatever. If water-closets or earth closets are offensive, this is due to faulty construction, to insufficient supply of water or dry earth, or to neglect of ordinary cleanliness. The attempt to remedy such defects by the systematic use of antiseptics is expensive and unsatisfactory in its results. The same is true of foul drains, bad-smelling urinals, accumulations of garbage, etc. The proper remedy for such conditions is cleanliness and strict sanitary police.

92. When accumulations of organic material undergoing decomposition can not be removed or buried they may be treated with an antiseptic solution, or with freshly burned quicklime. Quicklime is also a valuable disinfectant, and may be substituted for the more expensive chloride of lime for disinfection of typhoid and cholera excreta, etc. For this

purpose freshly prepared *milk of lime* should be used, containing about 1 part, by weight, of hydrate of lime to 8 of water.

93. During the prevalence of an epidemic, or when there is reason to believe that infectious material has been introduced from any source, latrines and cesspools may be treated with milk of lime, in the proportion of 5 parts to 100 parts of the contents of the vault, and the daily addition of 10 parts for 100 parts of daily increment of feces.

STERILIZED DRESSINGS.

94. Sterilized dressings will not be issued for post use. Their preparation is so simple and so well understood that they should be prepared as needed. First-aid packets will be reserved exclusively for field use, except those issued for instruction.

FIELD APPLIANCES.

95. Field furniture will not be used at posts, except when required for the instruction of men of the hospital corps.

96. Medical and surgical chests will be frequently inspected and kept in perfect order for immediate field use. Under no circumstances will their contents be used at posts.

97. In time of war every officer and enlisted man will be furnished a first-aid packet by the Medical Department.

(*a*) For purposes of instruction first-aid packets will be obtained by the surgeons of posts, upon special requisitions, and will be supplied by them to company commanders. The allowance for this purpose will be twenty packets for each company of infantry, battery of artillery, or troop of cavalry. The dressings contained in these packets can be used repeatedly for the practical instruction of officers and enlisted men, and after being used for this purpose they should be repacked in the original form.

(*b*) First-aid packets are expendable, but care should be exercised to prevent any unnecessary expenditure; officers will be held strictly accountable for their proper and economical use.

CLINICAL THERMOMETERS.

98. Clinical thermometers are issued by the Surgeon General upon request by information slip direct, stating number

on hand, and accompanied by a certificate of the medical officer in case of breakage, giving the name of the person who caused such loss and the number of the thermometer.

METEOROLOGICAL INSTRUMENTS.

99. Meteorological instruments are not issued by the Medical Department. When required for use at designated posts they will be obtained by application direct to the Chief of the Weather Bureau, Department of Agriculture, Washington, D. C., specifying explicitly the kind of instruments required. The following will be issued: Maximum and minimum thermometers, rain and snow gauges, and measuring rods. When such instruments are broken or unserviceable the request for new ones will contain a statement setting forth the circumstances attending the breakage, and, if a thermometer, the parts of the instrument will be returned to the office of the Weather Bureau by mail. Receipts for these instruments will be made out by the surgeon of the post on forms forwarded with the instruments, and when relieved from duty at the station he will so notify the Chief of the Weather Bureau, in order that the responsibility for the property may be properly transferred. Meteorological instruments heretofore issued by the Medical Department will be borne upon the property returns until broken or worn out. Such as may be issued by the Weather Bureau will not be taken up on these returns.

100. Meteorological observations will be taken and registers thereof kept at such posts as may be designated by the Surgeon General, to whom a report of the observations (Form No. 29), which shall be a true copy of the register, will be forwarded by the senior medical officer at the end of every month.

WINDOW CURTAINS, SCREENS, AND BOOKCASES.

101. When window curtains and fixtures, window and door screens, and portable bookcases are required, the requisitions therefor will be special, and should be accompanied by an estimate of the cost of making suitable articles at or near the post. Wire netting will be furnished to repair such window and door screens as have become unserviceable.

(*a*) When the present supply of bed screens is exhausted no more will be issued. When required, application will be

made to have frames constructed at the post, giving estimate of the cost; they will not in future be covered with holland, but sheets will be placed on the screens and frequently washed.

PRESCRIPTIONS.

(See A. R. 1461.)

102. All prescriptions will be placed on file at the hospital; those for liquors will be placed on a separate file.

CHEMICAL AND BACTERIOLOGICAL SETS.

103. Chemical and bacteriological sets will be issued to the larger posts, and officers to whom these sets are furnished will make an annual report on December 31, showing what use has been made of them.

ABANDONMENT OF POSTS.

104. Unless modified by special instructions from the Surgeon General, the following general rules will be observed in the disposition of medical property upon the abandonment of a post:

(*a*) Medicines, dressings, clothing, bedding, and miscellaneous articles in good and serviceable condition should be sent to other posts in the department.

(*b*) Unserviceable property should be submitted to the action of an inspector, with a view to final disposition by sale or destruction.

(*c*) Only such nonexpendable articles as are in perfect order, including recent medical works, and all instruments which can not be transferred to other posts without unnecessary duplication, should be turned into a medical supply depot.

105. When a post is abandoned or a detachment is broken up, the medical officer will report the fact to the chief surgeon, and after completing all current reports, will forward them to the Surgeon General, together with the Clothing Book, Descriptive and Deposit Book, and Muster and Pay Rolls, and all official papers, records, and record books pertaining to the Medical Department of the post.

MEDICAL BOOKS AND JOURNALS.

106. Such new books as may be selected by the Surgeon General will be furnished without requisition.

107. The library of the Surgeon General's office is intended for reference rather than for circulation, but books that can be readily replaced will be loaned to medical officers of the Army, they being held responsible for the safe return of the volumes within two weeks from the day of their receipt. In special cases this time may be extended.

108. Medical journals and periodicals issued by the Surgeon General are to be considered as belonging to the hospital or station to which they are sent. They will be kept on file, and medical officers, on taking station, will ascertain that the files are complete. When a post is discontinued a list of journals and periodicals will be sent, through the chief surgeon, to the Surgeon General, who will give directions as to their disposition.

ICE MACHINES.

109. Ice machines are issued to such southern posts as are unable to obtain, by purchase, ice for the use of the sick. They are furnished by the Medical Department to supply ice for the sick in hospital, and not for the comfort or convenience of the garrison at large. They will be accounted for and invoiced in detail.

110. Medical officers will pay special attention to the details of the manufacture of ice, both as to the proper management of the apparatus and to the financial results from the sale of ice, and will be held responsible for the condition of these machines and the results obtained.

111. In order to provide for the maintenance of the apparatus in complete running order, and to promptly pay bills incurred for repairs, a fund of at least $300 will be kept constantly on hand. When this fund is reduced by necessary expenses, such change will be made in the price at which ice is sold as will speedily restore it to the above minimum amount. The fund will be used for the following purposes only:

(*a*) Running expenses proper, and repairs; fuel, when it can not be otherwise obtained; purchase of oil, ammonia, etc.

When renewal of heavy parts of the apparatus is required, application will be made to the Surgeon General to secure their transportation. The purchase and transportation of ammonia in reservoirs will be paid for from the ice fund. Great care will be exercised to obtain such articles in time to allow of their shipment as freight, and not by express, and before the regular working of the apparatus is prevented by their absence.

(*b*) An engineer and one assistant is usually a sufficient force to run an ice machine. No fixed rate can be made as to the compensation of the engineer, that being regulated by circumstances.

(*c*) The detail, on special duty at the ice machine, of one enlisted man is authorized, and he may be paid a gratuity of not exceeding fifty cents per day.

(*d*) The purchase from the ice fund of articles which may be bought from the hospital fund is prohibited. In exceptional cases, authority for a temporary transfer of money from the ice fund to the hospital fund may be obtained by application to the Surgeon General, setting forth fully the reasons for such request; but if given, the authority will not be considered as constituting a precedent for such transfers. Bills incurred will be filed at post as vouchers.

(*e*) Payment for the delivery of ice is not considered to be a proper charge against the fund. If it can not be delivered in a garrison free of expense, it should be issued only when called for at the place of manufacture. Payment for the collection of bills for ice furnished is also unauthorized.

112. The price at which ice is sold will be fixed by the medical officer in charge, subject to the approval of the chief surgeon. It may vary from month to month, according to the amount of and demand upon the ice fund.

113. After freely supplying the hospital, ice should, as a rule, be sold to companies, to officers, to the commissary of the post for the preservation of fresh beef, and to enlisted men and their families, at a certain price; to the post exchange and to quartermaster's employees at a somewhat higher price; and to civilians not in Government employ at a still higher price. The gratuitous issue of ice, except to the hospital and to

patients entitled to medicines and medical attendance for whom it may be specially prescribed, is unauthorized.

114. When the officer responsible for the fund is relieved from duty, its transfer will be acknowledged by receipts written across the face of the last statement sent to the Surgeon General, and of the one retained at post. The ice machine will be accounted for in accordance with regulations.

ARMY MEDICAL MUSEUM.

(See A. R. 1130.)

115. Medical officers, and others interested in the progress of medical science, are invited to forward contributions to the Army Medical Museum. Besides interesting medical and surgical specimens, the following classes of articles will be collected and forwarded by those medical officers who have opportunities for so doing: (1) Rare pathological specimens from animals, including monstrosities; (2) typical crania of Indian tribes, specimens of their arms, dress, implements, rare articles of their diet, medicines, etc.; (3) specimens of poisonous insects and reptiles, and of their effects on animals.

Soft tissues are preferably placed in a 20 per cent solution of commercial formaldehyde (or formalin); the specimen being completely covered by the solution. The fluid on very soft tissue, or large masses of tissue, such as the liver, spleen, etc., should be changed after two or three days. When formalin is not obtainable, commercial alcohol may be used. Bones and joints, after having been roughly cleaned, may be simply wrapped in a cloth wet with the preservative solution, and then again wrapped in oiled paper or silk.

Since glass and earthenware vessels are liable to be broken in transit, with escape of their fluid contents and damage to the specimens, the use of tin vessels is recommended, the covers to be tightly soldered on. Whatever vessel is used should be packed in sawdust, excelsior packing, stiff paper, or equivalent substitute, in a wooden box. Small dry specimens may

be sent by mail; and wet specimens also, if inclosed in the boxes which have been approved by the Post Office Department.

Specimens should be carefully numbered, and a letter of information forwarded to the Museum when the specimen is shipped; the letter to contain the number of the specimen, a description of its nature, and, if possible, its history.

Although paragraph 1130, A. R., provides for the transportation of all such contributions through the Quartermaster's Department, it should be known that if the importance of the object, or security demands a more prompt delivery, the package may be shipped to the Curator of the Museum by express, the charges to be paid here. The receipt of any package will be duly acknowledged, and credit given for the contribution.

REPORTS AND RETURNS.

(See A. R. 1393, 1464, 1466.)

116. Medical officers will, on the last day of every month, report to the Surgeon General their stations and duties during the month, giving a brief résumé of the service performed by them. They will also immediately report any change in their station and duties, stating the authority therefor, with number, date, and source of order in each case.

117. It is not necessary to report in full every month in the sanitary report required by A. R. 1393 when no change in the conditions has taken place since last report. A general statement under each of the headings should be made, with a reference to previous reports containing more extended information on the subject. But important changes in the sanitary conditions occurring during the month should be fully described.

(*a*) If the subjects to be reported require more space than is provided by the blank form, use may be made of ordinary writing paper folded and transmitted as an inclosure.

(*b*) It is to be observed that although these sanitary reports are valuable as furnishing a record of conditions, changes, and recommendations, they are not always the best form of communication for suggestions requiring administrative action. Medical officers having important recommendations to make should invite attention to their subject in a special communication or report.

118. The senior surgeon of each hospital, post, regiment, or detachment will prepare and forward the following reports:

(*a*) *Daily.*—(1) Report of sick and wounded, for the commanding officer; (2) report of the detachment of the hospital corps, for the commanding officer.

(*b*) *Monthly.*—(1) Sanitary report (Form No. 41); (2) report of sick and wounded (Form No. 25), which will be an exact copy of the register of patients, to be made in duplicate on the last day of every month, one to be sent to the chief surgeon and one to the Surgeon General; (3) return of the hospital corps (Form No. 32), to be made in duplicate on the last day of each month, one to be sent to the chief surgeon and one to the Surgeon General direct; (4) monthly statement of the hospital fund and return of durable property (Form No. 35), to be forwarded to the chief surgeon, who will verify its correctness and forward it to the Surgeon General; (5) report of meteorological observations (Form No. 29); (6) report of the physical examination of recruits (Form No. 30); (7) report of station and duty; (8) report of repairs to hospitals and hospital steward's quarters; (9) report of issues and sales of medicines to civilians.

(*c*) *Yearly.*—(1) Returns of medical property; (2) estimates for repairs to hospitals and hospital steward's quarters.

(*d*) *Occasional.*—(1) Report of epidemic diseases; (2) report of record books; (3) list of wounded; (4) report of deaths of officers; (5) report of desertions.

(*e*) In the absence of a medical officer, the physician who renders professional service will sign papers of a professional character, such as reports of sick and wounded, surgical reports, morning sick reports, etc.

119. On the appearance of the first recognized case of cholera, yellow fever, or other epidemic disease at or near a military

post or station, the medical officer in charge will at once report the fact to the chief surgeon and forward a duplicate of his report direct to the Surgeon General. Every medical officer in charge of cholera or yellow-fever patients will, in addition to the usual report of sick and wounded, render in duplicate, at the end of each month, a report (Form No. 27) containing a list of such patients, one of which he will forward to the chief surgeon and the other direct to the Surgeon General. At the close of the epidemic, or of his tour of service at the place, he will forward, with as little delay as practicable, a history of the epidemic, its origin or importation, its progress and decline, and the methods of treatment or prevention, with results; also results of autopsies.

120. Medical officers will notify local boards of health of any cases of yellow fever, cholera, smallpox, or other contagious diseases that may occur at their posts of duty.

121. The death of an officer, physician under contract, or hospital steward, will be immediately reported by the attending surgeon or nearest medical officer, to the chief surgeon and the Surgeon General.

RECORD BOOKS.

122. The report of record books pertaining to the Medical Department (Form No. 37) will be forwarded when an officer is relieved from duty or when a post is abandoned. The Descriptive and Deposit Book, the Clothing Book, and the Letter-press Book will be accounted for on this report. The Letter-press Book is not to be used as an "official record" of letters and indorsements sent. Orders, letters, letters received, and indorsements may be kept in separate books and substituted for the joint Order and Letter book and Letters received and Indorsement book. In all record books a statement explanatory of the contents will be pasted on the inside of the front cover. Care must be taken that signatures are made in these books wherever necessary. The Medical History of Post must be used exclusively for recording historical events in connection with the post, for the official indorsements on the report required by paragraph 1393, A. R., and for the entries specified in paragraph 158 of this Manual. Entries in record books will be *continuous* until the books are filled;

the date of commencement and of last entry to be noted on the report. In the column of *remarks* note whether or not each book is in use; if not, state the reason. If all record books are not on hand, requisition for a complete supply will be promptly made.

SUPPLY DEPOTS.

123. Medical officers in charge of supply depots will prepare at the end of each quarter—

(*a*) A return, in duplicate, of medical property (Form No. 14).

(*b*) A quarterly abstract of receipts and issues (Forms Nos. 11, 12, and 13) in duplicate.

124. Medical officers in charge of supply depots will keep the following books of record, and turn them over to their successors: Record of letters received, of letters sent, of moneys received, of moneys disbursed, of orders given for medical stores, of articles received, of articles expended, of articles on hand, of requisitions, of issues, of invoices of packages turned over to the Quartermaster's Department, of contents of packages, and of employees.

INFORMATION SLIPS.

125. Information slips are intended for use by medical officers in cases where formal letters can be dispensed with, viz. personal reports of medical officers; changes in the status of hospital-corps members and of hospital matrons; requests for authority for the reenlistment of acting hospital stewards and privates; acknowledgements of receipt of S. G. O. circulars; requests for and acknowledgements of receipt of blank forms, clinical thermometers, typewriter ribbons, and vaccine virus; requests for special expenditures of the hospital fund; acknowledgements of receipt of funds for construction and repair of hospitals and hospital stewards' quarters and monthly reports of progress of work; explanations concerning reports of sick and wounded and out-line figure cards. They should not be used in any case requiring action by another bureau. Letter forms, such as "Sir: I have the honor," and "Very respectfully," will not be used. Indorsements should follow in sequence in the usual form. If neither remark nor action is required by the chief surgeon, his

receiving stamp will take the place of an indorsement, to which may be added the words "contents noted," if deemed necessary. A memorandum will be entered on the stub, with the signature of the officer, to verify the record.

REGISTER OF PATIENTS.

126. The term "sick" or "wounded," applied to an officer or soldier treated *in hospital*, means that he is so disabled as to be unfit for all military duty; applied to one treated *in quarters*, that he is partially disabled and unfit for all military duties, unless his fitness for certain duties is specifically stated by the medical officer. Under any of these conditions he is technically on the "sick report," and his name should be borne on the Register of Patients.

127. The entries on the Register of Patients will be made day by day as the cases are admitted, and will be continuous, *i. e.*, without break from day to day, month to month, or year to year. Ordinarily there will be but one entry for each case, although it may be prolonged for months. Exceptionally, cases which present many complications may have to be carried forward to current date to secure space for a satisfactory record; but in all such cases the two entries should be connected by cross references.

128. Officers or enlisted men who are excused from all or any part of their military duty, such as attendance on certain calls, drills, target practice, mounted duty, etc., because of physical disability, are to be borne upon the register until their cases are completed; officers and enlisted men excused from school duty merely, and capable of performing their strictly military duties, need not be so borne. A case prescribed for, but not excused from duty, will not ordinarily be entered on the register; but when it is of such a character as to have a probable bearing on the subsequent medical history of the individual, or when from the exigencies of the service the officer or soldier continues to perform his duties, notwithstanding his manifest disability, it should be recorded on the register with a statement to that effect. When the status of an officer or soldier absent from his post on ordinary leave or furlough becomes changed to absence on account of sickness, his case should be entered on the register.

129. The cases of retired officers and enlisted men, and of civilians, including general prisoners, taken into hospital for treatment, should be entered on the register. When the status of a soldier while sick in hospital becomes changed to civilian, the case of the soldier should be closed and a new entry made for the civilian.

130. When a patient absent sick from his command is admitted to hospital for treatment, the surgeon in charge of the hospital should notify the surgeon on whose register the patient is borne, and request a formal transfer of the case. When the patient leaves the said hospital as cured, transferred, etc., the record of his case should be so completed; but if he leave the hospital uncured, or to resume a status of absent sick, the surgeon in charge of the hospital should send a transfer slip to the surgeon of the command to which the patient belongs, who should take the case up on his register.

131 A book of transfer slips is furnished by the Surgeon General to meet the necessities of moving commands, which, passing near a post, may leave their sick and wounded for treatment. It should be used also when cases are sent from one post or hospital to another, by change of station of company, for the sake of better accommodations, for benefit of climate, or for observation by the chief surgeon. The original slip should contain the patient's name, military description, date of admission to sick report, name of disease or injury, and such details of the case as will probably be of value to the receiving officer. It will be signed by the medical officer who makes the transfer, and will be forwarded with the patient. On the reverse of the slip the receiving officer will note the admission of the patient into hospital; and after carefully recording the information thereon in the register, he will forward the slip with the next report of sick and wounded to the Surgeon General. In transfers to the Government Hospital for the Insane a slip containing a copy of the certificate that accompanied the soldier should be sent to the Surgeon General. The duplicates of the transfer slips will be left in the book and will form a part of the retained records of the hospital or command from which the soldiers were sent.

DIRECTIONS FOR PREPARING THE REGISTER.

132. In column I will be inscribed the patient's number. Every case of sickness, death, discharge, etc., entered on the register will have a number for convenience of reference, and these numbers will be consecutive, and will be carried forward indefinitely. In order that the medical history of a patient may be more readily traced, his last register number, if he has been previously on sick report at the post, should be entered immediately over his current number. In the exceptional instances to which reference is made in paragraph 127, no change is made in the register number of the patient, which, with the name of the patient, should be entered to secure identification, but no further repetition of the original entry is necessary, as the words "carried from page —" written after the name will suffice to connect the record.

133. In column II the Christian name and surname should be entered in full; initial letters may be used for middle names.

134. In columns III, IV, and V, calling for "Rank," "Company," and "Regiment or Corps," the usual abbreviations may be employed.

135. In column VI the age at last birthday should be entered. This entry is understood to be made on the date of admission.

136. In column VII the letter W., C., or I., meaning white, colored, or Indian, will be entered.

137. Column VIII provides space for the State or country of birth.

138. Column IX calls for the total number of years of service of the individual, whether continuous or not.

139. In column X the day, month, and year of admission should be stated. Figures should not be used to designate the month.

140. The source of admission called for in column XI is generally the command, but may be "from desertion," etc. When patients are received from other hospitals or commands the name of the hospital or command should be given in each case, with the date of last entry on sick report when known. Information on transfer slips, or on field registers when used for this purpose, accompanying such patients, should be carefully recorded.

141. In column XII the cause or causes of admission should be stated; the name and location of the disease; cause, location, character, and severity of injury, with attendant circumstances, date of occurrence, and nature of missile, weapon, or other producing agent. It should be stated, also, whether the case is taken into the hospital or treated in quarters; and should a case in "quarters" be subsequently taken into "hospital," or *vice versa*, the date of the change should be given. When there is more than one cause, and the disability associated with any of them is cured before final disposition of the patient, the date of the said cure should be given. The diagnosis reported on transfer slips received with patients, or on field registers when used for this purpose, should also be recorded. In reporting data pertaining to this column, space may be utilized, if deemed advisable, by spreading the information across the face of the columns on the left, beginning in the proper space and continuing so that the statement can readily be followed.

142. In recording the causes of admission medical officers will make use of such terms as will briefly and accurately describe the disease or injury, governing themselves so far as possible by the official nomenclature, paragraph 159. In this connection the following points should be held in view:

(*a*) Pathological lesions should be recorded rather than their symptoms.

(*b*) In all cases in which the cause of admission is a local manifestation of a general affection, the character and locality of the one and the nature of the other should be stated.

(*c*) Diseases due to venereal contagion, the abuse of stimulants or narcotics, or to immoral practices, should be so recorded.

(*d*) Distinction should be made between the venereal ulcer known as chancroid and the hard chancre of primary syphilis.

(*e*) Distinction should also be made between inflammations of venereal and nonvenereal origin, as in cases of balanitis, orchitis, bubo, etc., specifying the nature of the venereal cause and the causation in the nonvenereal cases.

(*f*) Inflammations should be reported as acute or chronic.

(*g*) The term "heart disease" should not be recorded when the special affection can be determined.

(*h*) In pulmonary affections the lobe or lobes involved should be stated, as also whether the disease is confined to the right or left or extends to both lungs; the complications of pleurisy should be particularly noted.

(*i*) Deviations from the normal in cases of impairment of vision or hearing should be ascertained and noted.

(*j*) The exact location, variety, and cause of hernia should be given, and when strangulated the condition and the means employed for relief.

(*k*) Wounds should be designated as slight or severe; in gunshot wounds, the points of entrance and exit of missile and the parts implicated should be recorded.

(*l*) Fractures should be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(*m*) When erysipelas, gangrene, pyemia, tetanus, etc., complicate cases of injury, the lesions associated with the complication should be carefully described.

(*n*) When an injury is accidental, homicidal, suicidal, or judicial, it should be stated, with particulars in each instance.

(*o*) In cases of old injury constituting a cause of admission, the condition of the injured part at the date of current admission should be stated. If there is no record of the original injury in the register, the date, place, cause, and attendant circumstances, with the authority for the statements, should be entered; but if the original case is already recorded a note of its register number in column XII or XIV will suffice to connect the history.

(*p*) Special notes should be made of cases of malingering or feigned diseases, and of the means employed for their detection.

(*q*) When no diagnosis can be reached the fact should be stated, together with the conditions which prevent the recognition of the disease or injury.

143. In column XIII the opinion of the medical officer, based on a full consideration of all the facts as to whether the disease or injury occurred in the line of duty, should be explicitly stated as *yes* or *no*. In forming and recording this opinion medical officers will be guided by the following instructions:

(*a*) All diseases contracted or injuries received while an officer or soldier is in the military service of the United States

may be assumed to have occurred in the line of duty, unless the surgeon knows, first, that the disease or injury existed before entering the service; second, that it was contracted while absent from duty on furlough or without permission; or, third, that it occurred in consequence of willful neglect or immoral conduct of the man himself.

(*b*) When a soldier is disabled while on pass, or in confinement, the question of line of duty must be determined by the circumstances attending the incurrence of the disability, but the fact of being on pass or in confinement should be stated.

(*c*) When a medical officer expresses the opinion that an injury occurring during athletic sports, properly indulged in, was received in the line of duty, the opinion is accepted by the Surgeon General as satisfactory and final.

(*d*) In all cases in which the opinion is expressed by *no*, the circumstances attending the incidence of the disability, and on which the negative opinion is based, should be stated in column XII, or across the face of the columns on its left, if space can be economized in that way.

144. In column XIV, surgical operations, unusual treatment, complications, intercurrent diseases, and change of diagnosis, with date of change, will be noted. If an intercurrent disease is in no way dependent on the primary affection the date of its occurrence should be given, and an opinion should be recorded as to its origination in the line of duty; but if the complicating disease coexisted on admission it should be recorded in column XII as one of the causes of admission, and an appropriate entry regarding it should be made in column XIII.

145. Column XV provides space for the record of the disposition made of the completed cases, and column XVI for the date, day, month, and year of the final disposition. In column XV should also be entered the date of departure and return in cases of leave of absence or furlough. When a patient leaves his station on furlough or leave of absence on account of sickness, his case remains incompleted on the register until his return, when he resumes his status of present sick; but if during his absence he is admitted for treatment to some other hospital or command, or the organization to which he belongs is assigned to duty at some other station,

his case should be completed by formal transfer. On the other hand, if during his absence his status becomes changed to absent on ordinary leave or furlough, his case should be completed as returned to duty.

(*a*) When a patient is returned to duty the entry *duty* will suffice, the cure being assumed to be complete unless a statement to the contrary is entered.

(*b*) In cases of retirement or discharge by expiration of term, by order, sentence, or operation of law, the fact should be specified; and a statement should be made of the degree of disability due to the complaint for which the individual was under treatment at the time of his removal from service, unless it was unquestionably not received in the line of duty.

(*c*) In retirements or discharge on account of wounds or disease, the cause and the degree of disability should be recorded, and if the cause be some other disability than that for which the patient was admitted, it should be stated whether it originated in the line of duty; and in this instance, also, when the opinion expressed is *no*, the circumstances attending the incidence of the disability and on which the negative opinion is based, should be recorded. In all cases of discharge on certificate of disability the date of discharge as given in the letter of notification from the adjutant should be recorded.

(*d*) In the cases of those not upon sick report found incapacitated for active service, and of those retired or discharged for disability, the nature of the disability, whether it originated in the line of duty, and other facts of interest obtainable, together with the date of departure from post, will be entered.

(*e*) The causes of deaths, and whether they originated in the line of duty, as also the results of autopsies, should be recorded in this column.

(*f*) Deaths of officers and soldiers not on sick report, and of retired officers, ex-officers and ex-soldiers with the command, should also be entered with appropriate details and a statement as to whether the cause of death originated in the service and in the line of duty.

(*g*) Should the cause of death in any case be unknown, a brief note of such circumstances as may throw light on the subject

should be entered. In cases of suicide the cause or causes which led to the act should be stated.

(*h*) When the disease or injury causing death or discharge has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or surgical operations as would, in the opinion of the medical officer, conduce to the cure or to the lessening of the disability, the fact should be noted.

(*i*) In case of transfer to another hospital or command the specific destination of the patient, and whether for "benefit of climate," "observation of the chief surgeon," "change of station of company," etc., with the authority for the transfer, should be stated.

(*j*) In cases of desertion the name, rank, company, and regiment or corps of the individual should be repeated in column XV in connection with the entry completing his case.

Should the individual return from desertion and his former status on sick report be resumed, his case will be entered on the current page of the register, but should the disease or injury for which he is taken on sick report on his return be different from that for which he was formerly under treatment, he will be reported as a new case admitted from the command.

146. Entries in the register will be given sufficient space to prevent crowding or misconstruction (see paragraph 141), and be plainly written. No writing will be permitted to encroach on the margins of the register. Corrections should be authenticated by the initials of the surgeon, who will place his official signature at the foot of each page.

FIELD REGISTER.

147. For detached commands temporarily in the field on scouting expeditions, practice marches, or in summer camps, the blank form of "Report of Completed Cases," sheet 2, Form No. 25, will be used as the "Field Register," the headings of the sheets being made to correspond to their extemporized use. From the entries on this Field Register the report of sick and wounded will be made; and when all the cases have been completed by transfer to the stations to which the troops

of the field command are ultimately assigned, and have been so reported on the final report of sick and wounded from the said field command, the Field Register will be forwarded to the Surgeon General—by the surgeon of the command, if he has transferred his cases by slips, or by the surgeon of the receiving station if the Field Register has been turned over to him to effect the transfer of the uncompleted cases to the permanent register of his post.

148. In time of war, medical officers on duty with such organizations as battalions, regiments, batteries, etc., will enter their cases in a register, and will make up their report of sick and wounded in accordance with regulations. Separate registers should be kept and reports of sick and wounded made out for regular and for volunteer troops. Transfer for treatment or better accommodation to the division, brigade, or other field hospital of the command will be regarded as completing a case on the battalion or regimental register; but the sending a man for transportation merely will not be considered in the light of a transfer. In formal transfers to the field hospital slips need not be used, as the transfer should be made personally by a medical officer or noncommissioned officer, who should see that the executive officer of the hospital is furnished with all needful information for his record of the case.

149. When those who are unable to march are to be sent from the command to some hospital other than the division, brigade, or other field hospital, the surgeon of the command will enter on his register the names, etc., of those who are to be sent away; and when he has furnished a copy of this list to the officer who is to take charge of the sick on their journey, he will complete their cases on his register by *transfer en route to* the hospital which is understood to be their destination.

150. To prepare a list of wounded (see A. R. 1466), the medical officer will enter on his register the names of all those of the command who are officially known to him as having been killed or wounded. As a member of the battalion or regimental staff the medical officer cooperates with company commanders in providing the materials for the field report of killed, wounded, and missing sent by the commanding officer

to the Adjutant General as the official record of the losses. The information gathered for this purpose at the dressing stations in the field, and subsequently by inspection of the wards and registers of the field hospitals, will enable him to perfect his own register by completing thereon by transfer to the division, brigade, or other field hospital all those cases that have already been taken up on the register of the latter, and retaining as uncompleted only those that remain under his personal care with the regiment or detachment. From this register thus perfected the list of wounded above mentioned will be prepared.

151. The officer in charge of the records of a division, brigade, or other field hospital, will enter in a permanent register the cases that are received by transfer from the medical officers of the command; and from the entries thereon the report of sick and wounded will be made out in accordance with regulations. Cases will be considered completed, so far as the registers of these hospitals are concerned, when the patients are transferred to any other hospital.

152. In all cases of transfer the medical officer in charge of the train of sick and wounded should, if possible, be provided with a nominal list of the patients intrusted to his care. He should verify this list personally, or, if the train be large, by his subordinates; and when arrived at his destination should turn it over to the medical officer of the receiving hospital. Should any of his cases be lost *en route* by death, capture, etc., he will note the facts on the list of transfers against each case so lost and report these facts and names to the Surgeon General.

153. If the military conditions are such that it is impossible for the officer in charge of the records of the division, brigade, or other field hospital to furnish a list of the sick and wounded that are to be transferred, the medical officer in charge of the train should verify the number of men turned over to him, and have the nominal list made out while *en route*. Should he be unable to accomplish this, the names of those who seem to be in danger of death should be taken so as to be able, if the events should require it, to make report to the Surgeon General.

154. The senior surgeon in charge of men sent direct from military commands in the field (see paragraph 149), will report the losses that occur during the period of his responsibility; so, also, when patients are left behind by the advance or retreat of a division, brigade, or other field hospital the senior surgeon left with them will take measures, if he has not been furnished with a nominal list, for the identification of his patients, for their subsequent transfer, and for the notification of losses by death or other causes.

REPORT OF SICK AND WOUNDED.

155. The report of sick and wounded will be made on Form No. 25, sheets 1 and 2. If a hospital is opened or closed during the month the orders to this effect should be stated on the report.

(*a*) In time of war only one copy of this report, see paragraph 118 (*b*), is required to be made out. It should be forwarded from general hospitals direct to the Surgeon General, and from organizations and hospitals in the field to the Surgeon General through the chief surgeon.

156. If there has been no case on sick report, either remaining from last report or admitted during the month, the report of sick and wounded will nevertheless be forwarded. It will give the name and strength of the command, etc., with such remarks as the circumstances may suggest as of interest to the chief surgeon or the Surgeon General.

157. In case of the occurrence of smallpox, and the vaccination of the command, the results of the vaccination will be given in a special report on the measures taken for the suppression of the disease; or they may be entered in the column of *remarks* on the left of the first page of the report of sick and wounded in connection with the cases of vaccinia that have been treated.

158. Medical officers will keep in the Medical History of the Post a record of births and marriages, and of those deaths the record of which has not been provided for elsewhere, and will report concerning them in the column on the right of the first page of the report of sick and wounded. In cases of birth, there should be entered the date, the sex, and name of the child, and the name, rank, etc., of the father, maiden name

of the mother, and whether this child is the first or second, etc., resulting from the marriage. In cases of marriage, the date and names should be recorded with the rank or occupation of the man and the age and birthplace of the woman. In cases of death, the date and cause, together with the name, sex, and age of the individual.

NOMENCLATURE OF DISEASES.

159. Diseases and injuries reported by medical officers on their report of sick and wounded will hereafter be classified in accordance with the arrangement in the following list:

Classified List of Causes of Admission to Sick Report.

I.—INFECTIOUS DISEASES, GENERAL AND LOCAL.

Scarlet fever.
Measles.
Rötheln.
Variola.
Varioloid.
Vaccinia.
Varicella.
Typhus fever.
Influenza.
Dengue.
Mumps.
Whooping cough.
Diphtheria.
Typhoid fever.
Cholera.
Yellow fever.
Cerebrospinal meningitis.
Malarial fever, intermittent.
Malarial fever, remittent or continued.
Malarial fever, pernicious.
Malarial cachexia.
Fevers of undetermined causation.
Anthrax.
Glanders.
Erysipelas.
Septicemia.
Rheumatic fever.*
Tetanus.
Tuberculosis of the lungs.
Tuberculosis of other organs.
Carcinoma.*
Sarcoma.*
Trichinosis.
Syphilis.
Gonorrhea.
Gonorrheal epididymitis and orchitis.
Chancroid and results.
Other diseases of this class.

LOCAL INFECTIONS WHICH ARE ALSO ENTERED UNDER "STRUCTURAL AND FUNCTIONAL DISEASES OF ORGANS."

Scabies.
Dermatophyti.
Tonsillitis.
Pericarditis.
Endocarditis.
Phlebitis.
Bronchitis, acute.
Pneumonia, croupous.
Pleurisy, acute.
Dysentery, acute.
Peritonitis, acute.
Meningitis.
Appendicitis.
Pyelitis and Pyelonephritis.
Cystitis.
Lymphangeitis.
Adenitis, nonvenereal.
Abscess.
Furuncle.
Carbuncle.
Hospital gangrene.
Whitlow.

II.—DISEASES OF NUTRITION, GENERAL.

Anemia.
Leucocythemia.
Glycosuria.
Gout.
Scurvy.
Other diseases of this class.

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*Etiology not determined; probably due to parasitic infection.

III.—STRUCTURAL AND FUNCTIONAL DISEASES OF ORGANS.

A. Diseases of the Nervous System.

Alcoholism, acute.
Alcoholism, chronic.
Delirium tremens.
Apoplexy.
Cerebral congestion.
Chorea.
Epilepsy.
Insanity.
Locomotor ataxia.
Meningitis.
Myelitis.
Narcotic poisoning, acute.
Narcotic poisoning, chronic or drug habit
Neuritis.
Neuralgia.
Neurasthenia.
Nostalgia.
Paralysis.
Other diseases of this class.

B. Diseases of the Digestive System.

Corrosive and irritant poisons, effects of.
Diseases of the salivary glands and ducts.
Diseases of the teeth, gums, and alveoli.
Diseases of the mouth and tongue.
Tonsillitis.
Pharyngitis.
Peritonitis, acute.
Dyspepsia.
Gastritis.
Gastric ulcer and hemorrhage.
Colic.
Constipation.
Tenia or other intestinal parasites.
Cholera morbus.
Diarrhea, acute.
Diarrhea, chronic.
Enteritis.
Appendicitis.
Dysentery, acute.
Dysentery, chronic.
Hemorrhage, intestinal.
Fistula in ano.
Hemorrhoids.
Biliary colic and calculi.
Jaundice, catarrhal.
Hepatitis.
Hepatic cirrhosis.
Other diseases of this class.

C. Diseases of the Circulatory System.

Angina pectoris.
Cardiac irritability.
Cardiac degeneration.
Pericarditis.
Endocarditis.
Valvular disease and results.
Thrombosis and embolism.
Aneurism.
Varicose veins.
Phlebitis.
Other diseases of this class.

D. Diseases of the Respiratory Organs.

Larynx, diseases of.
Coryza.
Bronchitis, acute.
Bronchitis, chronic.
Bronchitis, capillary.
Emphysema.
Asthma.
Pulmonary congestion.
Pulmonary hemorrhage.
Pneumonia, catarrhal.
Pneumonia, croupous.
Pleurisy.
Other diseases of this class.

E. Diseases of the Genito-urinary System.

Pyelitis and pyelonephritis.
Nephritis, acute parenchymatous.
Nephritis, chronic parenchymatous.
Renal cirrhosis.
Calculus, renal.
Calculus, vesical.
Cystitis.
Enuresis.
Retention of urine.
Hematuria.
Prostatitis.
Prostatic hypertrophy.
Urethral stricture.
Balanitis, nongonorrheal.
Paraphimosis.
Phimosis.
Varicocele.
Hematocele.
Hydrocele.
Other diseases of this class.

F. Diseases of the Lymphatic System and Ductless Glands.

Adenitis.
Lymphangeitis.
Splenic hypertrophy.
Other diseases of this class.

G. Diseases of the Muscles, Bones, and Joints.

Muscular contraction.
Muscular rheumatism and myalgia.
Whitlow.
Osteitis and results.
Periostitis.
Arthritis.
Arthritis, chronic rheumatic.
Bunion.
Synovitis.
Other diseases of this class.

H. Diseases of the Integument and Subcutaneous Connective Tissue.

Corns and warts.
Ingrowing nail.
Chilblain.
Abscess.
Furuncle.
Carbuncle.
Ulcer.
Hospital gangrene.
Dermatitis from poisonous plants.
Erythemata.
Psoriasis.
Prurigo and lichen.
Herpes.
Eczema and pemphigus.
Impetigo and acne.
Scabies.
Dermatophyti.
Other diseases of this class.

I. Diseases of Organs of Special Sense.

(*a*) *Diseases of the eye.*

Lids, diseases of.
Lachrymal apparatus, diseases of.
Conjunctivitis, acute.
Conjunctivitis, chronic.
Corneitis.
Sclerotitis.
Choroid, diseases of.
Iritis.
Retinitis.
Snow-blindness.
Asthenopia.
Cataract.
Glaucoma.
Amaurosis.
Night blindness.
Other diseases of the eye.

(*b*) *Diseases of the ear.*

Diseases of external ear.
Diseases of the tympanum.
Diseases of middle and internal ear.
Earache.
Deafness.

(*c*) *Diseases of the nose.*

Nasal catarrh, chronic.
Nasal hemorrhage.
Nasal polypus.

IV.—ACCIDENTS AND INJURIES.

A. General Injuries.

Burns and scalds, general.
Crushing.
Drowning.
Exhaustion from fatigue or exposure.
Explosion.
Freezing.
Hanging.
Insolation.
Lightning.
Starvation, exclusive of disease.
Suffocation, exclusive of disease.
Venomous bites, stings, and wounds.

B. INJURIES TO SPECIAL PARTS.

Abrasions and blisters, mechanical.
Burns and scalds, local.
Compression of the brain.
Concussion of the brain.
Concussion of the spine.
Contusions and sprains.
Dislocations.
Foreign bodies, presence of.
Fracture, exclusive of gunshot.
Frostbite.
Hernia, inguinal.
Hernia, other.
Orchitis, from injury.
Strain, muscular.
Wounds, contused.
Wounds, incised.
Wounds, lacerated.
Wounds, punctured.
Wounds, gunshot.
Secondary results of local injury.
Other local injuries.

V.—UNCLASSIFIED.

Malingering.
Under observation, not diagnosed, or unknown.
Homicide.
Suicide.
Self-maiming.
Judicial execution.

160. Medical officers in recording the causes of admission to sick report will make use of this nomenclature in all cases for which a specific title is provided. Experience has shown that it includes most of the causes of disability likely to occur in army practice. In recording cases for which a title is not specially provided, as, for instance, those which, in a consolidation of the statistics, would be tabulated under "Diseases of the mouth and tongue," "Diseases of the external ear," etc., or thrown among "Other diseases of this class," such terms will be used as will briefly and accurately describe the disease or injury, while conforming as far as possible to the nomenclature generally accepted by the profession. Medical officers will report in this way also when the cases are to be consolidated on the classified list under a generic term, as in certain of the diseases of the skin.

(*a*) The organ or part affected should be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, herpes, etc., as also in inflammations, as adenitis, osteitis, arthritis, synovitis, etc., and in local injuries, as abrasions, burns, contusions, dislocations, etc.

(*b*) The surgical characteristics of wounds, fractures, herniæ, etc., should be stated; and in cases of poisoning the name of the poison should be given.

OPERATIONS FOR HERNIA.

161. Cases of hernia suitable for an operation should receive surgical treatment. Operations for the radical cure of hernia will be performed by medical officers specially designated by the Surgeon General. Medical officers will report cases of hernia considered favorable for operation to the Surgeon General. If the case is considered unsuitable for operation, the fact will be noted upon the certificate of disability.

CERTIFICATES OF DISABILITY.

(See A. R. 140, 141, 154–157, 174, 844, 847.)

162. In cases of discharge of enlisted men on surgeon's certificate of disability, the certificate of the surgeon will be filled out in his own handwriting.

EXAMINATION OF RECRUITS.

(See A. R. 841–848.)

163. The minimum height of a recruit is at present fixed at five feet four inches for all branches of the service, although recruiting officers are allowed to exercise their discretion as to the enlistment of desirable recruits (such as band musicians, school-teachers, tailors, etc.), who may fall not more than one-fourth of an inch below the minimum standard of height; the *maximum* height for the cavalry service is five feet ten inches; that for infantry and artillery is governed by the maximum of weight, to which should be applied the rule for proportion in height (see par. 179).

164. The minimum weight for all recruits is one hundred and twenty-five pounds, except for the cavalry, in which enlistments may be made without regard to a minimum weight, provided the chest measurement and chest mobility are satisfactory. The *maximum* for infantry and artillery is one hundred and ninety pounds; for cavalry and light artillery, one hundred and sixty-five pounds.

165. The chest mobility, *i. e.*, the difference between the measurement at inspiration and expiration, should be *at least* two inches in men below five feet seven inches in height, and two and one-half inches in those above that height.

REENLISTMENTS.

166. When authorized by the War Department under A. R. 838, clause 5, and A. R. 839, recruiting officers may reenlist discharged soldiers who present themselves within the prescribed limit of time, notwithstanding they may have some physical disqualification which would cause their rejection as recruits: *Provided*, they have no serious defect which would probably prevent the discharge of their duties as soldiers. In all such cases the defects and the fact that they existed prior to reenlistment will be noted on the soldier's reenlistment papers and examination form.

NOTE.—In modifying the requirements for reenlistment, it is the intention of the War Department to provide for the continuance in service of such faithful soldiers as have incurred disabilities during prior enlistments which probably will not unfit them for duty in the future; as, for example, hernia, which is kept in place by wearing a truss; piles; varicose veins; certain defects of vision, as near or far sight; the loss of certain fingers or toes; mutilations by gunshot or other wounds, etc.

MODE OF EXAMINING A RECRUIT.

167. In passing a recruit, the examining officer is to examine him stripped; to see that he has the free use of his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; that he has no tumors or ulcerated or extensively cicatrixed legs; no rupture or chronic cutaneous affection; that he has not received any contusion or wound of the head that may impair his faculties; that he is not a drunkard; is not subject to convulsions, and has no infectious or other disorder that may unfit him for military service. The recruit must be effective, able-bodied, sober, free from disease, and of good character and habits.

NOTE.—The leading characteristics of a good constitution are thus enumerated by Tripler: "A tolerably just proportion between the different parts of the trunk and members; a well-shaped head, thick hair, a countenance expressive of health, with a lively eye; skin not too white, lips red, teeth white and in good condition; voice strong, skin firm, chest well formed, belly lank, parts of generation well developed, limbs muscular, feet arched and of a moderate length; hands large. The gait should be sprightly and springy, speech prompt and clear, and manner cheerful. All lank, slight, puny men, with contracted figures, whose development is, as it were, arrested, should be set aside. The reverse of the characteristics of a good constitution will indicate infirm health or a weakly habit of body; loose, flabby, white skin; long, cylindrical neck; long, flat feet; very fair complexion; fine hair; wan, sallow countenance," etc.

168. The room in which the examination is conducted should be well lighted and large enough for the men to exercise in walking, running, and jumping, as every organ directly concerned in locomotion should be subjected to inspection. Only those persons who are absolutely required should be present at the examination.

169. The person of the recruit should be washed with soap and water before he is presented for inspection. It is not, however, believed to be good policy to enlist men who, though able-bodied and intelligent, appear at recruiting stations in ragged or filthy dress, as the chances are such men are tramps and vagabonds and will not make good soldiers. Men who, though attired in clean and respectable clothing, are found to be filthy in their persons, should be promptly rejected for like reason.

170. Thoroughness in the preliminary examination is assured by a methodical inquiry into the family and personal history of the applicant, whose replies should be recorded at the time. For this purpose a printed form is furnished by the Adjutant General (form for the physical examination of a recruit). The form also serves as evidence, should the recruit allege unfitness from a defect that is feigned, or be subsequently found unfitted for duty on account of one which has been concealed.

171. The questions prescribed in this form are intended simply as the guide to a careful and searching examination into the physical history of the applicant for enlistment. If his replies suggest the existence of any infirmity or defect, special inquiry should be made concerning it, in order that the most complete information may be elicited. The questions, and any others necessary to develop his fitness for the duties of a soldier, should be asked and the man's replies recorded, by the recruiting officer, before he is stripped, after which the examination is proceeded with.

172. In the absence of a commissioned medical officer or contract surgeon, recruiting officers are authorized to employ a civilian physician to make the physical examination of recruits preceding enlistment required by Army Regulations.

173. If there is a medical officer, contract surgeon or civilian physician, he will make and record the physical examination. Otherwise, the recruiting officer will perform this duty. In the latter event the form will remain with or follow the recruit until he has undergone examination by a physician, who will note the same upon the front fold. It will then be forwarded without delay to the Surgeon General, except as provided in paragraphs 844 and 847, A. R.

174. Each peculiarity or deviation from the normal standard is to be noted on the form for the physical examination of a recruit.

175. If a careful inspection is made and a defect is noted, which is not considered by the officer making the examination to be disqualifying, he is relieved from responsibility; but if he passes a recruit who has a serious defect, which is discernible by an ordinary layman, and enlists the man without noting the defect upon the examination form and the enlistment paper, it evidences neglect in the examination.

176. Before recruits leave the station for the rendezvous or post they should be carefully reexamined and a statement to that effect made on the form, with a note descriptive of any defect which may have been discovered or contracted since the enlistment.

177. A completed examination form is required for file in the office of the Surgeon General in the case of every soldier who completes enlistment or reenlistment by taking the oath (including scouts and Indians). In the case of applicants who do not take the oath it may be destroyed after it has served its purpose in the conduct of the examination.

178. As Indian scouts are now enlisted for three years they will undergo the same physical examination as other enlisted men. The examination form will be used for this purpose, and, when filled up and completed, will be forwarded to the Surgeon General.

179. The following table is given for convenience of reference:

Table of Physical Proportions for Height, Weight, and Chest Measurement.

Height.		Weight.	CHEST MEASUREMENT.	
			At expiration.	Mobility.
Feet.	Inches.	Pounds.	Inches.	Inches.
5 4/12	64	128	32	2
5 5/12	65	130	32	2
5 6/12	66	132	32½	2
5 7/12	67	134	33	2
5 8/12	68	141	33¼	2½
5 9/12	69	148	33½	2½
5 10/12	70	155	34	2½
5 11/12	71	162	34¼	2½
6	72	169	34¾	3
6 1/12	73	176	35¼	3

180. It is not necessary that the applicant should conform *exactly* to the figures indicated above, a variation of a few pounds from either side of the standard in the minimum and maximum weights and of a fraction of an inch in chest measurements being permissible if the applicant is otherwise in good health and desirable as a recruit. The table is given to show what is regarded as a fair proportion, *but the weight must be at least 125 pounds*, except for cavalry, or when less is especially authorized by the Adjutant General.

EXAMINATION OF CADETS AND CADET CANDIDATES.

181. A deviation from the table of physical proportions may be made in the examination of candidates for admission to the United States Military Academy, and for members of the graduating class, whenever this is deemed necessary by the Medical Examining Board.

182. Medical officers will be guided by the following instructions in examining candidates for admission to the United States Military Academy:

(*a*) *Hearing* must be normal in both ears.

(*b*) *Vision*, as determined by the official test types, must not fall below $\frac{15}{20}$ in either eye, and not below $\frac{20}{40}$, unless it can be made normal by proper glasses.

(*c*) Color-blindness is not a cause for rejection, but must be noted upon the form for physical examination, and the applicant so informed.

(*d*) Accepted candidates, if between seventeen and eighteen years of age, should not fall below five feet three inches in height and one hundred pounds in weight; if between eighteen and nineteen years, five feet three and one-half inches in height and one hundred and five pounds in weight; if over nineteen, five feet four inches in height and one hundred and ten pounds in weight.

(*e*) The weight, and chest measurement at expiration, should not fall materially below the following standard, which, however, is not to be considered as absolute, and should not be strictly adhered to in the case of active boys who are less than 18 years of age:

	Pounds.	Chest measurement at expiration.
5 feet 4 inches	118	30 inches
5 feet 5 inches	120	30½ inches
5 feet 6 inches	122	31 inches
5 feet 7 inches	124	31½ inches
5 feet 8 inches	128	31¾ inches
5 feet 9 inches	132	32 inches
5 feet 10 inches	136	32¼ inches
5 feet 11 inches	142	32½ inches
6 feet	148	33 inches

(*f*) Candidates will be carefully examined, while stripped, by the methods prescribed in the authorized manual for the examination of recruits, and will be rejected for any mental or physical defect which would constitute a cause of rejection in the case of a recruit, or for any apparent feebleness of constitution, or cachexia.

(*g*) The result of the physical examination in each case, whether accepted or rejected, will be recorded on the blank form furnished by the Adjutant General for this purpose and forwarded to the Surgeon General.

OUTLINE-FIGURE CARD.

183. A record of the marks upon the person of the accepted recruit will be made upon an outline-figure card. The blanks will be furnished by the Adjutant General.

184. A card is required for every soldier of the Regular Army who completes enlistment by taking the oath, except scouts and Indians, whether enlisting for the first time or not, and whether for the line or one of the staff departments. The card should *not* be forwarded until the recruit is sworn in, and should then immediately, upon completion, be sent direct to the Surgeon General. No letter of transmittal is required.

185. The outline-figure card will be prepared and forwarded *for enlistments made at military posts*, by the medical officer or the civilian physician making the medical examination; *for enlistments made at other recruiting stations*, by the medical officer or the civilian physician, if there is one; otherwise, as follows: (1) *When the recruit is sent direct to regiment, rendezvous, or post*, by the medical officer who examines the recruit upon his arrival there; (2) *when, before joining the regiment, rendezvous, or post, the recruit is discharged, is allowed a furlough, or is assigned to duty at the recruiting station*, by the enlisting officer.

186. All indelible or permanent marks of whatsoever character upon the person of the recruit, whether peculiar in themselves or not, should be recorded on the cards, viz: Scars (including vaccination marks), moles, birthmarks and pigmentations, circumcisions, amputations or other losses of joints of fingers or toes, tattoo marks, the absence of teeth (designating those that are absent), and malformations or deviations from the normal standard of any part of the person. It is not, however, desired that the cards shall be encumbered with the record of trifling and valueless marks minute in size, when better marks are found in sufficient number.

187. A careful and systematic search of the body should be made, front and rear, on each side of the median line, separately, commencing at the scalp and ending at the foot. The

marks found will be recorded and described as indicated in paragraphs 190, 191, and 192.

188. Cards showing less than five marks (in addition to vaccination scars, tattooings, loss of teeth, and deformities) can not be relied upon in the effort to discover identity or to establish it in suspected cases. Experience shows that as many as ten to fifteen marks may usually be found.

189. If no marks be found upon the recruit, the fact should be stated upon both the front and back of the card; likewise, if marks are found upon the front and none upon the rear or *vice versa*, the entry "no marks" should be made upon the appropriate side of the card.

190. The location of the mark and its characteristics, such as form and direction, upon the person of the recruit, should be indicated on the corresponding part of the figure, and a solid line should be drawn therefrom to the description in terms upon the fly leaf opposite. When this description is common to a number of marks it need not be repeated for each one, but the lines may converge to it. Care should be taken, however, in grouping the descriptions on the card, that its legibility and clearness are not impaired; lines, for instance, should not cross each other when it can conveniently be avoided.

191. The following details are called for in the description of marks and scars, etc., on the person of the recruit:

(*a*) In the case of scars: (1) Their form or shape—rectilinear, curvilinear, undulating, oval, circular, oblong, square, V-shaped, L-shaped, T-shaped, etc.; (2) their inclination—horizontal, oblique, vertical; if curved, the direction of the concavity; (3) their approximate size in inches; (4) their character—recent, faint, conspicuous, purple, puckered, or any other noteworthy feature; (5) their cause, if known—cuts, boils, burns, etc.

(*b*) When scars are small and numerous, a description of one may be given, followed by the words "and many others;" or the record may stand "numerous small scars."

(*c*) In the case of moles, their approximate size in fractional parts of an inch, and whether raised, flat, hairy, or hairless. When too small for ordinary measurement, however, the entry P. m. for pinhead mole will be sufficient.

(*d*) In the case of birthmarks, their approximate size, shape, color, and other noteworthy features should be recorded.

(*e*) Tattoo marks should invariably be noted, and in their description words should be designated as such, and letters and numerals should be legibly recorded. Appropriate details of costume, posture, relationship to other devices, etc., should be given in the case of tattooed representations of men and women—*e. g., Irishman in knee breeches, swallow-tail coat and high hat, pipe in hatband, dancing, twirling shillalah in right hand. Boy astride of spread eagle, U. S. flag in uplifted left hand, words "Young America" below.* In the case of devices composed of two or more figures the component figures should be fully described.

(*f*) When the tattooed design is indecent or obscene it is a cause for rejection, but the applicant should be given an opportunity to alter the design, in which event he may, if otherwise qualified, be accepted.

(*g*) Amputations and losses of parts of fingers and toes should be noted, specifying with care the particular member injured and how much of it is gone.

192. The following abbreviations are authorized, and will be understood in the sense indicated, viz:

R. h. m. ¼	for raised hairy mole ¼ inch in diameter.
R. s. m. ⅛	for raised smooth (hairless) mole ⅛ inch in diameter.
F. h. m. ⅛	for flat hairy mole ⅛ inch in diameter.
F. s. m. ¼	for flat smooth mole ¼ inch in diameter.
P. m.	for all moles $\frac{1}{16}$ inch in diameter or less.
L. s. 1″	for linear scar 1 inch long.
O. d. s. 2″ x ¾″	for oval depressed scar 2 by ¾ inch.
C. p. s. ½″ d.	for circular pitted scar ½ inch in diameter.
V 1″ x ½″	for vaccination scar 1 by ½ inch.
Var.	for varicocele or varicose veins.

193. (*a*) When the record of marks is completed, the color of hair and eyes should be recorded. Between the extremes of flax-colored and black hair all shades of brown are found. The scale may be given as follows:

Flax-color.
Light brown.
Of red hair, as follows:
- Brick red.
- Sandy red.
- Auburn (reddish brown).

Dark brown.
Black.
Of gray hair, as follows:
- Dark gray.
- Light gray, approaching white.
- Iron gray (mixed).

(*b*) In determining the color of the eyes, medical and recruiting officers will make use of the standard eye colors issued by the Surgeon General. The number of the standard eye color which most nearly corresponds with the eyes under examination will be recorded, as—brown, 1st, 2d, etc.; blue, 7th, 8th, etc. Note should also be made if the color is not the same in both eyes; if there is any peculiarity of pigmentation, as the presence of black or red spots in the general color; and also if there is any deviation from the normal circular form of the pupils.

194. As the height is relied upon as a basis in comparing the cards of recruits with the classified descriptions of former soldiers, and as this measurement may to a considerable degree be affected by deception on the part of the subject, great care in ascertaining it is specially enjoined.

195. In the lower left-hand corner of the card will be noted the station where it is prepared and the date of preparation.

196. The entries on the cards will be made with durable black ink, and not with copying ink.

197. Outline-figure cards are required also for soldiers discharged dishonorably or without honor. This record will be made from an examination of the man immediately prior to discharge (unless the discharge is followed by a period of confinement at a military post); it will show the date and place of enlistment as in the case of recruit cards, and will cite the order for the discharge and the date upon which it is to take effect. When the dishonorable discharge is followed by a period of confinement at a military post, the card should be prepared about two weeks prior to the release of the prisoner; and in addition to the data above required, note should be made of the probable date of release. The card in these cases will immediately, upon completion, be forwarded to the Surgeon General. No letter of transmittal is required.

ARTIFICIAL LIMBS.

198. Application for an artificial limb or for its commuted value should be made by the claimant direct to the Surgeon General, War Department, Washington, D. C.

BLANK FORMS.

(See A. R. 1552.)

199. The following blank forms are issued for the use of the Medical Department. Requisitions will always be made for one year's supply, and the required number of each blank will be stated:

Form No.	Title.	
1	Invoice of funds.	
2	Receipt for funds.	
3	Account of funds received.	
4	Voucher to abstract of disbursements, articles purchased, or services performed.	
5	Voucher for property received by purchase.	
6	Voucher pay roll of persons employed.	
7	Abstract of disbursements.	
8	Account current.	
9	Account of sales at public auction of medical supplies.	
10	Invoice of medical property sold at public auction.	
11	Abstract of medical property received by purchase.	Issued to medical supply depots only.
12	Abstract of medical property issued, sold, etc.	
13	Abstract of medical property received from officers.	
14	Return of medical property received, issued, and remaining on hand at medical supply depot.	
15	Requisition for medical supplies.	
16	Special requisition for medical supplies.	
17	Packer's list of medical supplies.	
18	Invoice of medical supplies, large and small.	
19	Receipt for medical supplies, large and small.	
20	Return of medical property, with additional leaves.	
21	Voucher to abstract of disbursements (bill for medical attendance).	
22	Voucher to abstract of disbursements (medicines furnished on prescription).	
23	Contract for medical supplies.	
24	Bond for fulfillment of contract.	
25	Report of sick and wounded, sheet 1 and sheet 2.	
26	Transfer book.	
27	List of patients suffering from epidemic diseases.	
28	Special diet table.	
29	Meteorological register.	

Form No.	Title.
30	Monthly report of physical examination of recruits.
31	Return of medical officers.
32	Return of the hospital corps.
33	Record of variations of temperature.
34	Statement of the ice fund.
35	Statement of the hospital fund and return of durable property.
36	Requisition for blank forms.
37	Report of record books.
38	Application for transfer to the hospital corps.
39	Report of payments made on account of purchases and services.
40	Diagram of areas of physical signs.
41	Monthly sanitary report.
42	List of wounded.
	RECORD BOOKS, ETC.
	Deaths and interments.
	Information-slip book.
	Information-slip book of deserters.
	Letter-press book.
	Medical history of post (with printed headings), No. 1.
	Medical history of post, No. 2.
	Morning-report book.
	Meteorological register.
	Order and letter book.
	Register of patients.
	Register of the hospital fund and return of durable property.
	Register of physical examination of recruits.
	Register of the hospital corps.
	Mailing tubes.

GENEVA CONVENTION.

200.—The convention between the United States, Baden, Switzerland, Belgium, Denmark, Spain, France, Hesse, Italy, Netherlands, Portugal, Prussia, Wurtemberg, Sweden, Greece, Great Britain, Mecklenburg-Schwerin, Turkey, Bavaria, Austria, Russia, Persia, Roumania, Salvador, Montenegro, Servia,

Bolivia, Chili, Argentine Republic, Peru, and Japan; with additional articles: For the amelioration of the wounded in armies in the field; concluded August 22, 1864; acceded to by the President March 1, 1882; accession concurred in by the Senate March 16, 1882; proclaimed as to the original convention, but with reserve as to the additional articles, July 26, 1882; commonly known as the Geneva Convention, is as follows:

ORIGINAL CONVENTION.

ARTICLE I. Ambulances and military hospitals shall be acknowledged to be neuter, and as such, shall be protected and respected by belligerents so long as any sick or wounded may be therein.

Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

ART. II. Persons employed in hospitals and ambulances, comprising the staff for superintendence, medical service, administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality, whilst so employed, and so long as there remain any wounded to bring in or to succor.

ART. III. The persons designated in the preceding article may, even after occupation by the enemy, continue to fulfill their duties in the hospital or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong.

Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

ART. IV. As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals can not, in withdrawing, carry away any articles but such as are their private property.

Under the same circumstances an ambulance shall, on the contrary, retain its equipment.

ART. V. Inhabitants of the country who may bring help to the wounded shall be respected, and shall remain free. The generals of the belligerent powers shall make it their care to inform the inhabitants of the appeal addressed to their humanity, and of the neutrality which will be the consequence of it.

Any wounded man entertained and taken care of in a house shall be considered as a protection thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempted from the quartering of troops, as well as from a part of the contributions of war which may be imposed.

ART. VI. Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they may belong.

Commanders in chief shall have the power to deliver immediately to the outposts of the enemy soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties.

Those who are recognized, after their wounds are healed, as incapable of serving, shall be sent back to their country.

The others may also be sent back, on condition of not again bearing arms during the continuance of the war.

Evacuations, together with the persons under whose directions they take place, shall be protected by an absolute neutrality.

ART. VII. A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations. It must, on every occasion, be accompanied by the national flag. An arm badge (brassard) shall also be allowed for individuals neutralized, but the delivery thereof shall be left to military authority.

The flag and the arm badge shall bear a red cross on a white ground.

ART. VIII. The details of execution of the present convention shall be regulated by the commanders in chief of belligerent armies, according to the instructions of their respective governments, and in conformity with the general principles laid down in this convention.

ADDITIONAL ARTICLES.

ARTICLE I. The persons designated in Article II of the Convention shall, after the occupation by the enemy, continue to fulfill their duties, according to their wants, to the sick and wounded in the ambulance or the hospital which they serve. When they request to withdraw, the commander of the occupying troops shall fix the time of departure, which he shall

only be allowed to delay for a short time in case of military necessity.

ART. II. Arrangements will have to be made by the belligerent powers to insure to the neutralized person, fallen into the hands of the army of the enemy, the entire enjoyment of his salary.

ART. III. Under the conditions provided for in Articles I and IV of the Convention, the name "ambulance" applies to field hospitals and other temporary establishments, which follow the troops on the field of battle to receive the sick and wounded.

ART. IV. In conformity with the spirit of Article V of the Convention, and to the reservations contained in the protocol of 1864, it is explained that for the appointment of the charges relative to the quartering of troops, and of the contributions of war, account only shall be taken in an equitable manner of the charitable zeal displayed by the inhabitants.

ART. V. In addition to Article VI of the Convention, it is stipulated that, with the reservation of officers whose detention might be important to the fate of arms and within the limits fixed by the second paragraph of that article, the wounded fallen into the hands of the enemy shall be sent back to their country, after they are cured, or sooner if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

[*Articles concerning the Marine.*]

ART. VI. The boats which, at their own risk and peril, during and after an engagement pick up the shipwrecked or wounded, or which having picked them up, convey them on board a neutral or hospital ship, shall enjoy, until the accomplishment of their mission, the character of neutrality, as far as the circumstances of the engagement and the position of the ships engaged will permit.

The appreciation of these circumstances is intrusted to the humanity of all the combatants. The wrecked and wounded thus picked up and saved must not serve again during the continuance of the war.

ART. VII. The religious, medical, and hospital staff of any captured vessel are declared neutral, and, on leaving the ship, may remove the articles and surgical instruments which are their private property.

ART. VIII. The staff designated in the preceding article must continue to fulfill their functions in the captured ship, assisting in the removal of the wounded made by the victorious party; they will then be at liberty to return to their country, in conformity with the second paragraph of the first additional artic e.

The stipulations of the second additional article are applicable to the pay and allowance of the staff.

ART. IX. The military hospital ships remain under martial law in all that concerns their stores; they become the property of the captor, but the latter must not divert them from their special appropriation during the continuance of the war.

ART. X. Any merchant ship, to whatever nation she may belong, charged exclusively with removal of sick and wounded, is protected by neutrality; but the mere fact, noted on the ship's books, of the vessel having been visited by an enemy's cruiser, renders the sick and wounded incapable of serving during the continuance of the war. The cruiser shall even have the right of putting on board an officer in order to accompany the convoy, and thus verify the good faith of the operation.

If the merchant ship also carries a cargo, her neutrality will still protect it, provided that such cargo is not of a nature to be confiscated by the belligerents.

The belligerents retain the right to interdict neutralized vessels from all communication, and from any course which they may deem prejudicial to the secrecy of their operations. In urgent cases special conventions may be entered into between commanders in chief, in order to neutralize temporarily and in a special manner the vessels intended for the removal of the sick and wounded.

ART. XI. Wounded or sick sailors and soldiers, when embarked, to whatever nation they may belong, shall be protected and taken care of by their captors.

Their return to their own country is subject to the provisions of Article VI of the Convention, and of the additional Article V.

ART. XII. The distinctive flag to be used with the national flag, in order to indicate any vessel or boat which may claim the benefits of neutrality, in virtue of the principles of this Convention, is a white flag with a red cross. The belligerents may exercise in this respect any mode of verification which they may deem necessary.

Military hospital ships shall be distinguished by being painted white outside, with green strake.

ART. XIII. The hospital ships which are equipped at the expense of the aid societies, recognized by the governments signing this Convention, and which are furnished with a commission emanating from the sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting out and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their staff. They shall be recognized and protected by the belligerents.

They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their staff, while performing their duties, shall be an armlet of the same colors. The outer painting of these hospital ships shall be white, with red strake.

These ships shall bear aid and assistance to the wounded and wrecked belligerents, without distinction of nationality.

They must take care not to interfere in any way with the movements of the combatants. During and after the battle they must do their duty at their own risk and peril.

The belligerents shall have the right of controlling and visiting them; they will be at liberty to refuse their assistance, to order them to depart, and to detain them if the exigencies of the case require such a step.

The wounded and wrecked picked up by these ships can not be reclaimed by either of the combatants, and they will be required not to serve during the continuance of the war.

ART. XIV. In naval wars any strong presumption that either belligerent takes advantage of the benefits of neutrality, with any other view than the interest of the sick and wounded, gives to the other belligerent, until proof to the contrary, the right of suspending the Convention, as regards such belligerent.

Should this presumption become a certainty, notice may be given to such belligerent that the Convention is suspended with regard to him during the whole continuance of the war.

ART. XV. The present act shall be drawn up in a single original copy, which shall be deposited in the archives of the Swiss Confederation.

The additional articles have been acceded to by the United States, and signed on behalf of Great Britain, Austria, Baden, Bavaria, Belgium, Denmark, France, Netherlands, North Germany, Sweden and Norway, Switzerland, Turkey, and Wurtemberg, but will not acquire full force and effect as an international treaty until the exchange of the ratifications thereof between the several contracting states shall have been effected.

(*a*) All persons connected with the Medical Department of the Army in the field, or referred to in Article II of the Treaty, shall wear habitually during the war, on the left sleeve of the coat, midway between the shoulder and elbow, a brassard or arm badge, consisting of a red cross on a white ground.

(*b*) All hospitals, ambulances, and field stations of the Medical Department will habitually display the Red Cross flag, accompanied by the National flag.

(*c*) Permits, in duplicate, for civilians to be present with the Army, in the service of the Medical Department, may be given by authority of a division commander; one copy of the permit will be retained by the person neutralized, and its duplicate should be forwarded promptly to the Chief Surgeon of the Army.

(*d*) Persons neutralized under this authority will report themselves at once to the chief surgeon of division for instructions.

(*e*) The wearing of the arm brassard by any person not officially neutralized is prohibited.

(*f*) Hospital ships are required to carry the Geneva Cross flag at the fore whenever the National flag is flown, and their neutrality must at all times be preserved. No guns, ammunition, or articles contraband of war, except coal or stores necessary for their movement, will be placed on board, nor should they be used as transports for carrying dispatches, officers or men not sick or disabled, other than those belonging to the Medical Department.

(*g*) The War Department recognizes for any appropriate cooperative purposes the American National Red Cross as the civil central American committee in correspondence with the International committee for the relief of the sick and wounded in war.

201. SUPPLY TABLE.

Fractions of more than 50 will be considered as an additional hundred in computing the population of a post, and supplies may be required for accordingly.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines.						
Acacia (pulvis), in 500-gm. bottles——botts.	2	3	4	5	6	6
Acetanilidum, in 125-gm. bottles——botts.	1	1	2	2	3	3
Acidum aceticum, in 250-c. c. bottles——botts.	1	1	1	2	2	2
Acidum arsenosum, 1-mgm. tablets (125 in bott.), for field use only——botts.	1	1	2	2	3	3
Acidum boricum (pulvis), in 250-gm. bottles——botts.	1	1	2	2	3	3
Acidum boricum, 324-mgm. tablets (125 in bott.), for field use only——botts.	1	1	2	2	3	3
Acidum carbolicum, in 250-gm. bottles——botts.	1	2	3	4	5	6
Acidum citricum, in 250-gm. bottles——botts.	1	1	2	2	3	3
Acidum gallicum, in 25-gm. bottles——botts.	1	1	1	2	2	2
Acidum hydrochloricum, in 250-c. c. g. s. bottles——botts.	1	1	2	2	3	3
Acidum hydrocyanicum dilutum, in 25-c. c. g. s. bottles——botts.	1	1	1	2	2	2
Acidum lacticum, in 25-c. c. g. s. bottles——botts.	1	1	1	2	2	2
Acidum nitricum, in 250-c. c. g. s. bottles——botts.	1	1	2	2	3	3
Acidum phosphoricum dilutum, in 250-c. c. g. s. bottles——botts.	1	1	1	2	2	2

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines—Continued.						
Acidum salicylicum, in 250-gm. bottles—bottles	1	1	2	2	4	4
Acidum sulphuricum, in 250-c. c. g. s. bottles—bottles	1	1	2	2	3	3
Acidum sulphuricum aromaticum, in 250-c. c. g. s. bottles—bottles	1	1	2	2	3	3
Acidum tannicum, in 25-gm. bottles—bottles	2	2	3	3	4	4
Acidum tartaricum, in 250-gm. bottles—bottles	2	2	4	4	6	6
Aconiti tinctura, in 50-c. c. bottles—bottles	2	2	3	3	4	4
Aconiti tinctura, 0.1-c. c. tablets (200 in bottle)—bottles	1	1	1	2	2	2
Æther, in 100-gm. tins—tins	20	20	30	30	40	40
Ætheris spiritus compositus, in 250-c. c. bottles—bottles	1	1	2	2	3	3
Ætheris spiritus nitrosi, in 500-c. c. bottles—bottles	2	3	4	6	8	10
Alcohol, in 1-liter bottles—bottles	10	16	24	30	36	36
Aloe (pulvis), in 25-gm. bottles—bottles	2	2	3	3	4	4
Aloini pilulæ comp. (200 in bottle)—bottles	1	1	2	2	3	3
Alumen, in 250-gm. bottles—bottles	2	3	4	5	6	6
Alumen, 324-mgm. tablets (150 in bottle), for field use only—bottles	1	1	2	2	3	3
Ammoniæ aqua, 10 p. c., in 500-c. c. g. s. bottles—bottles	2	3	4	5	6	8
Ammoniæ spiritus aromaticus, in 250-c. c. bottles—bottles	1	2	3	4	5	6
Ammonii bromidum, in 250 gm. bottles—bottles	1	1	1	2	2	2
Ammonii carbonas, in 250-gm. bottles—bottles	1	1	2	2	3	3
Ammonii chloridi trochisci (100 in bottle)—bottles	2	3	4	6	8	10
Ammonii chloridum, in 250-gm. bottles—bottles	2	3	4	5	6	8
Amyl nitris (5-drop pearls), 12 in box—boxes	2	2	3	3	4	4
Antimonii et potassii tartras, in 25 gm. bottles—bottles	1	1	1	1	1	1
Antipyrinum, in 125-gm. bottles—bottles	2	3	4	5	6	6
Antitoxin of diphtheria* —bottles						
Apomorphinæ hydrochloras, 6-mgm. hypodermic tablets—tubes	1	1	1	2	2	2
Argenti nitras, in crystals, in 25-gm. bottles—bottles	1	1	2	2	3	3
Argenti nitras fusus, in 25-gm. bottles—bottles	1	1	1	2	2	2
Asafœtida, in 25-gm. bottles—bottles	1	1	1	1	1	1
Aspidii cleoresina, in 50-c. c. bottles—bottles	1	1	1	1	1	1
Atropinæ sulphas, 0.65-mgm. hypodermic tablets—tubes	1	1	1	2	2	2
Atropinæ sulphas, 0.13-mgm. ophthalmic discs (50 in box)—boxes	1	1	1	2	2	2
Belladonæ emplastrum, in 2-meter tins—tins	1	1	2	2	3	3
Belladonæ foliorum extractum alcoholicum, in 25-gm. bottles—bottles	1	1	2	2	3	3
Bismuthi subgallis, in 250-gm. bottles—bottles	1	2	3	4	5	6
Bismuthi subnitras, in 500-gm. bottles—bottles	1	1	2	2	3	3
Buchu extractum fluidum, in 500-c. c. bottles—bottles	1	1	2	2	2	3
Caffeinæ citrata, in 25-gm. bottles—bottles	1	1	1	2	2	2
Camphora, in 500-gm. bottles—bottles	2	2	3	3	4	4
Cannabis indicæ tinctura, 0.06-c. c. tablets (100 in bottle)—bottles	1	1	1	2	2	2
Cantharidis emplastrum, in 1-meter tins—tins	1	1	1	2	2	2
Cantharidis tinctura, in 100-c. c. bottles—bottles	1	1	1	2	2	2
Capsici tinctura, in 100-c. c. bottles—bottles	1	1	1	2	2	2

*To be purchased by the surgeon in amount sufficient for immediate use, if obtainable in vicinity. If not, telegraphic request to chief surgeon should be made. Special report of necessity to be made at once by mail.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines—Continued.						
Capsicum, 32-mgm. tablets (150 in bottle), for field use only—bottle	1	1	2	2	3	3
Cera flava, in 250-gm. cakes—cakes	1	1	1	2	2	2
Ceratum resinæ, in 250-gm. jars—jars	1	1	1	2	2	2
Cerii oxalas, in 25-gm. bottles—bottle	1	1	1	2	2	2
Chloral, in 50-gm. g. s. bottles—bottle	2	2	3	3	4	4
Chloroformum, in 100-gm. g. s. bottles—bottle	12	12	24	24	36	36
Chrysarobinum, in 25-gm. bottles—bottle	1	1	1	1	1	1
Cinchonæ tinctura composita, in 500-c. c. bottles—bottle	4	6	8	10	12	12
Cocainæ hydrochloras, in 5-gm. bottles—bottle	2	2	4	4	6	6
Cocainæ hydrochloras, in 10-mgm. hypodermic tablets—tube	1	1	2	2	3	3
Codeina, in 50-gm. bottles—bottle	1	1	1	2	2	2
Colchini seminis extractum fluidum, in 50-c. c. bottles—bottle	2	2	3	3	4	4
Collodium, in 25-c. c. bottles—bottle	2	4	6	8	10	10
Coninæ bromohydras, 0.65-mgm. hypodermic tablets—tube	1	1	2	2	3	3
Copaiba, in 500-gm. bottles—bottle	2	3	4	5	5	6
Copaibæ pilulæ comp. or tablets (100 in bottle)—bottle	4	6	8	10	12	14
Creosotum, in 50-gm. g. s. bottles—bottle	2	2	4	4	6	6
Creta præparata, in 250-gm. bottles—bottle	1	1	2	2	3	3
Cupri arsenis, 0.325-mgm. tablets (200 in bottle)—bottle	1	1	1	2	2	2
Cupri sulphas, in 50-gm. bottles—bottle	1	1	1	1	1	1
Digitalinum, 1-mgm, hypodermic tablets—tube	1	1	2	2	3	3
Digitalis tinctura, in 125-c. c. bottles—bottle	2	2	3	3	4	4
Digitalis tinctura, 0.3-c. c. tablets (200 in bottle)—bottle	2	3	4	5	6	8
Emplastrum (ferri) porous, in boxes of 24—box	1	1	2	2	3	3
Ergotæ extractum fluidum, in 250-c. c. bottles—bottle	1	2	3	4	5	6
Ergotinum, 130-mgm. tablets (200 in bottle)—bottle	2	2	3	3	4	4
Eucalyptol, in 50-c. c. bottles—bottle	2	2	3	3	4	4
Ferri chloridi tinctura, in 500-c. c. g. s. bottles—bottle	1	2	3	4	5	6
Ferri et potassii tartras, in 250-gm. bottles—bottle	1	1	1	2	2	2
Ferri et quininæ citras solubilis, in 100-gm. bottles—bottle	1	2	3	4	5	6
Ferri iodidi syrupus, in 200 c. c. bottles—bottle	1	1	2	2	3	3
Ferri pilulæ compositæ (200 in bottle)—bottle	1	2	3	4	5	6
Ferri pyrophosphas solubilis, in 100-gm. bottles—bottle	1	1	1	2	2	2
Ferri sulphas exsiccatus, in 100-gm. bottles—bottle	1	1	1	2	2	2
Ferrum reductum, in 25-gm. bottles—bottle	1	1	1	2	2	2
Gentianæ tinctura composita, in 500-c. c. bottles—bottle	2	3	4	5	6	7
Glycerinum, in 500-c. c. bottles—bottle	6	8	10	12	14	16
Glycyrrhizæ extractum purum (pulvis), in 250-gm. bottles—bottle	2	3	4	6	8	10
Glycyrrhizæ mistura composita, tablets (400 in bottle)—bottle	2	3	4	5	6	7
Glycyrrhizæ pulvis compositus, in 250-gm. bottles—bottle	1	1	2	2	3	3
Guaiacolis carbonas, in 250-gm. bottles—bottle	1	1	2	2	3	3
Hamamelidis extractum fluidum, in 250-c. c. bottles—bottle	2	2	3	3	4	4
Hydrargyri chloridum corrosivum, in 100-gm. bottles—bottle	1	1	1	1	1	1
Hydrargyri chloridum mite, in 100-gm. bottles—bottle	1	1	2	2	3	3

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines—Continued.						
Hydrargyri chloridum mite cum sodii bicarb., tablets (200 in bottle)—botts.	2	3	4	5	6	8
Hydrargyri iodidum flavum, 10-mgm. tablets (200 in bottle)—botts.	2	3	4	5	6	8
Hydrargyri massa, in 100-gm. jars—jars.	1	1	2	2	3	3
Hydrargyri massa, 324-mgm. tablets (125 in bottle) for field use only)—botts.	1	1	2	2	3	3
Hydrargyri nitratis unguentum, in 50-gm. jars—jars.	1	1	1	1	1	1
Hydrargyri oleatum, 10 per cent, in 500-gm. w. m. bottles—botts.	1	1	1	2	2	2
Hydrargyri oxidum flavum; in 25-gm. bottles—botts.	1	1	1	1	1	1
Hydrargyri unguentum, in 500-gm. jars—jars.	1	1	1	2	2	2
Hydrargyrum cum creta, in 100-gm. bottles—botts.	1	1	2	2	3	3
Hydrastis extractum fluidum, in 250-c. c. bottles—botts.	1	1	1	2	2	2
Hydrogenii dioxidi aqua* —boxes.	1	1	1	2	2	2
Hyoscinæ hydrobromas, 0.65-mgm. hypodermic tablets—tubes.	1	1	1	1	1	1
Hyoscyami extractum alcoholicum, in 25-gm. w. m. bottles—botts.	1	1	1	2	2	2
Hyoscyami pilulæ compositæ (200 in bottle)—botts.	1	1	2	2	3	3
Ichthyolum, in 25-gm. bottles—botts.	1	2	3	3	4	4
Iodoformum, in 100-gm. bottles—botts.	2	3	4	6	8	10
Iodum, in 50-gm. g. s. bottles—botts.	1	2	3	4	5	6
Ipecacuanha, 65 mgm. tablets (200 in bottle), for field use only—botts.	1	1	1	2	2	2
Ipecacuanha (pulvis), in 100-gm. bottles—botts.	1	1	1	2	2	2
Ipecacuanhæ et opii pulvis, in 250-gm. bottles—botts.	1	1	1	2	2	2
Ipecacuanhæ et opii pulvis, 324-mgm. tablets (200 in bottle)—botts.	1	1	2	2	3	3
Ipecacuanhæ extractum fluidum, in 250-c. c. bottles—botts.	1	1	2	2	3	3
Linimentum rubefaciens, tablets (50 in bottle), for field use only—botts.	2	2	3	3	4	4
Linum, in 2-kilo. tins—tins.	1	1	1	2	2	2
Linum (pulvis), in 4-kilo. tins—tins.	4	6	8	10	12	14
Lithii carbonas, in 25-gm. bottles—botts.	1	1	1	2	2	2
Lycopodium, in 50-gm. bottles—botts.	1	2	3	4	5	6
Magnesii carbonas, in 100-gm. papers—papers.	4	6	8	10	12	12
Magnesii sulphas, in 4-kilo. tins—tins.	1	2	3	4	5	6
Menthol, in 50-gm. bottles—botts.	1	1	2	2	3	3
Morphinæ sulphas, in 10-gm. bottles—botts.	2	4	6	8	10	12
Morphinæ sulphas, 8-mgm. hypodermic tablets—tubes.	5	10	15	20	25	30
Morphinæ sulphas, 8-mgm. tablets (100 in bottle)—botts.	2	4	6	8	10	12
Myrrhæ tinctura, in 250-c. c. bottles—botts.	1	1	1	2	2	2
Nitroglycerinum, 0.65-mgm. hypodermic tablets—tubes.	1	1	2	2	3	3
Nucis vomicæ extractum, in 25-gm. bottles—botts.	1	1	2	2	3	3
Oleum caryophylli, in 25-c. c. bottles—botts.	1	1	1	1	1	1
Oleum gaultheriæ, in 100-c. c. bottles—botts.	1	1	2	2	3	3
Oleum gossypii seminis, in 1-liter bottles—botts.	12	24	36	48	60	72
Oleum menthæ piperitæ, in 100-c. c. bottles—botts.	1	1	2	2	3	3

*Each box contains all materials necessary to make three liters of a three per cent or ten volumes solution.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines—Continued.						
Oleum morrhuæ, in 500-c. c. bottles—botts.	6	8	10	12	14	16
Oleum ricini, in 1-liter bottles—botts.	5	10	15	20	25	30
Oleum santali, in 100-c. c. bottles—botts.	1	1	2	2	3	3
Oleum terebinthinæ, in 1-liter bottles—botts.	2	4	6	8	10	12
Oleum theobromatis, in 250-gm. tins—tins.	1	1	2	2	3	3
Oleum tiglii, in 25-c. c. bottles—botts.	1	1	1	1	1	1
Oleum tiglii, 0.006-c. c. tablets (100 in bottle), for field use only—botts.	1	1	1	2	2	2
Opii pilulæ (or tablets), 65-mgm. (200 in bottle)—botts.	1	2	3	4	5	6
Opii tinctura, in 500-c. c. bottles—botts.	1	2	3	4	5	6
Opii tinctura camphorata, in 500-c. c. bottles—botts.	4	8	12	16	20	24
Opii tinctura camphorata, 0.4-c. c. tablets (200 in bottle)—botts.	1	2	3	4	5	6
Opium (pulvis), in 100-gm. bottles—botts.	1	1	1	2	2	2
Pepsinum, in 50-gm. bottles—botts.	2	3	4	6	8	10
Petrolatum liquidum, in 500-gm. bottles—botts.	1	2	3	4	5	6
Petrolatum spissum, 48.8 C., in 500-gm. tins—tins.	4	6	8	12	16	20
Phenacetinum, in 125-gm. bottles—botts.	2	2	4	4	6	6
Physostigmatis tinctura, 0.06-c. c. tablets (100 in bottle)—botts.	1	1	1	1	1	1
Physostigminæ sulphas, 1-mgm. hypodermic tablets—tubes.	1	1	1	1	1	1
Physostigminæ sulphas, 0.0325-mgm. ophthalmic discs (50 in box)—box.	1	1	1	1	2	2
Pilocarpi extractum fluidum, in 250-c. c. bottles—botts.	1	1	2	2	3	3
Pilulæ camphoræ et opii (or tablets), (200 in bottle)—botts.	2	3	4	5	6	7
Pilulæ carminativæ (200 in bottle)—botts.	2	3	4	5	6	7
Pilulæ catharticæ compositæ (or tablets), (200 in bottle)—botts.	3	4	6	8	10	12
Plumbi acetas, in 250-gm. bottles—botts.	1	1	2	2	3	3
Plumbi acetas, 130-mgm. tablets (100 in bottle), for field use only—botts.	1	1	1	2	2	2
Podophylli resina, in 25.gm. bottles—botts.	1	1	1	2	2	2
Podophylli resina, 16-mgm. tablets (100 in bottle), for field use only—botts.	1	1	1	2	2	2
Potassa, in 25-gm. bottles—botts.	2	2	2	4	4	4
Potassii acetas, in 500-gm. bottles—botts.	1	1	2	2	3	3
Potassii arsenitis liquor, in 250-c. c. bottles—botts.	1	1	2	2	3	3
Potassii bicarbonas, in 500-gm. bottles—botts.	1	1	2	2	3	3
Potassii bromidum, in 500-gm. bottles—botts.	1	2	3	4	5	6
Potassii chloras, in 500-gm. bottles—botts.	2	3	4	5	6	7
Potassii chloras, 324-mgm. tablets (200 in bottle), for field use only—botts.	2	3	4	5	6	7
Potassii et sodii tartras (pulvis), in 500-gm. bottles—botts.	4	6	8	10	12	14
Potassii iodidum, in 500-gm. bottles—botts.	1	2	3	4	5	6
Potassii iodidum, 324-mgm. tablets (200 in bottle), for field use only—botts.	1	1	1	2	2	2
Potassii permanganas, in 50-gm. bottles—botts.	1	1	2	2	3	3
Pruni virginianæ extractum fluidum, in 500-c. c. bottles—botts.	1	1	1	2	2	2
Quininæ hydrochloras, 32-mgm. hypodermic tablets—tubes.	2	2	3	3	4	4

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Medicines—Continued.						
Quininæ sulphas, in 25-gm. bottles—botts.	12	18	24	32	48	60
Quininæ sulphas, 200-mgm. tablets (500 in bottle)—botts.	4	6	8	10	12	14
Rhamni purshianæ extractum fluidum, in 500-c. c. bottles—botts.	1	1	2	2	3	3
Rhei extractum fluidum, in 250-c. c. bottles—botts.	1	1	1	2	2	2
Rheum (pulvis), in 50-gm. bottles—botts.	1	1	2	2	3	3
Saccharum lactis (pulvis), in 100-gm. bottles—botts.	1	1	2	2	3	3
Salol, 324-mgm. tablets (125 in bottle)—botts.	2	3	4	5	6	6
Salophen, in 50-gm. bottles—botts.	1	1	2	2	3	3
Santoninum, 32-mgm. tablets (50 in bottle)—botts.	1	1	1	2	2	2
Scillæ syrupus, in 500-c. c. bottles—botts.	4	8	12	16	20	24
Sinapis emplastrum, in 4-meter tins—tins.	1	2	3	4	5	6
Sinapis nigra (pulvis), in 500-gm. tins—tins.	4	6	8	10	12	14
Sodii bicarbonas, in 500-gm. bottles—botts.	4	6	8	10	12	14
Sodii bicarbonas, 324-mgm. tablets (200 in bottle), for field use only—botts.	1	1	1	2	2	2
Sodii bicarb. et menthæ pip. (tablets), (250 in bottle)—botts.	1	2	3	4	5	6
Sodii boras (pulvis), in 500-gm. bottles—botts.	1	2	3	3	4	4
Sodii bromidum, in 250-gm. bottles—botts.	1	1	2	2	3	3
Sodii hyposulphis, in 250-gm. bottles—botts.	1	1	2	2	3	3
Sodii phosphas, in 100-gm. bottles—botts.	1	1	2	2	3	3
Sodii salicylas, in 500 gm. bottles—botts.	2	3	4	5	6	7
Sodii salicylas, 324-mgm. tablets (200 in bottle)—botts.	2	3	4	5	6	8
Strophanthi tinctura, in 100-c. c. bottles—botts.	1	1	1	2	2	2
Strychninæ sulphas, 1-mgm. tablets (500 in bottle)—botts.	2	2	3	3	4	4
Sulphonal, 324-mgm. tablets (200 in bottle)—botts.	2	2	4	4	6	6
Sulphur lotum, in 250-gm. bottles—botts.	1	1	1	2	2	2
Terebenum, in 250-c. c. bottles—botts.	1	1	2	2	3	3
Thymol, in 25-gm. bottles—botts.	1	1	1	2	2	2
Tolutanum balsamum, in 250-gm. tins—tins.	1	1	2	2	3	3
Valerianæ extractum fluidum, in 250-c.c. bottles—botts.	1	1	1	2	2	2
Veratri viridis tinctura, in 100-c. c. bottles—botts.	1	1	1	1	1	1
Zinci oxidum, in 250-gm. bottles—botts.	1	1	1	2	2	2
Zinci sulphas, in 500-gm. bottles—botts.	1	1	1	2	2	2
Zinci sulphas, 324-mgm. tablets (100 in bottle), for field use only—botts.	1	1	1	2	2	2
Zingiberis extractum fluidum, in 250-c.c. bottles—botts.	2	2	3	4	5	6
202. Antiseptics and Disinfectants.						
Acid, carbolic, crude, in 1-kilo. bottles—botts.	10	15	20	25	30	35
Antiseptic tablets (200 in bottle)—botts.	2	2	3	3	4	4
Iron sulphate, commercial, in 10-kilo. boxes—boxes.	5	10	20	30	40	50
Lime, chloride, in 500-gm. w. m. bottles—botts.	10	15	20	25	30	35
Mercury, corrosive chloride, in 500-gm. bottles—botts.	1	2	3	4	5	6
Soda, chlorinated solution (6 per cent available chlorine), in 1-liter bottles—botts.	1	1	1	2	2	2
Sulphur, in roll—kilos.	10	15	20	25	30	35
Tricresol,* in 1-kilo bottles—botts.	2	3	5	6	7	8

*Tricresol will be issued *in lieu of* crude carbolic acid if desired.

SUPPLY TABLE—Continued.

Articles.		Allowance for posts having official population of—					
		100	200	400	600	800	1,000
203. Hospital Stores.							
Beef extract, in 100-gm. tins or jars	tins	10	15	20	25	30	35
Brandy, in 1-liter bottles	botts	2	4	6	8	10	12
Soap, castile or its equivalent	kilos	2	3	4	5	6	7
Soap, common	kilos	5	8	10	12	14	16
Sugar, white, in 6-kilo tins	tins	1	2	3	4	5	6
Whisky, in 1-liter bottles	botts	6	8	12	16	20	24
204. Microscopical Accessories.							
Agar-agar, in 500-gm. packages	pkgs	1	1	1	2	2	2
Alcohol, absolute, in 250-c. c. g. s. bottles	botts	2	2	2	4	4	4
Aniline oil, in 125-c. c. bottles	botts	1	1	1	2	2	2
Balsam bottle	no	1	1	1	1	1	1
Bismarck brown, in 4-gm. bottles	botts	1	1	1	1	1	1
Canada balsam, in 30-c. c. bottles	botts	1	1	1	2	2	2
Carmine, in 15-g. m. bottles	botts	1	1	1	1	1	1
Eosin, in 15-gm. bottles	botts	1	1	1	1	1	1
Fuchsin, in 15-gm. bottles	botts	1	1	1	1	1	1
Gelatin, in 60-gm. packages	pkgs	10	10	10	20	20	20
Gentian violet, in 15-gm. bottles	botts	1	1	1	1	1	1
Glass covers, 16 or 19 mm. square	gms	30	30	30	30	30	30
Glass slides, 25 x 75 mm	doz	4	4	4	8	8	8
Hæmatoxylon, in 8-gm. bottles	botts	1	1	1	1	1	1
Methylene blue, in 15-gm. bottles	botts	1	1	1	1	1	1
Oil of cedar, in 30-c. c. bottles	botts	1	1	1	1	1	1
Peptone, in 250-gm. w. m. bottles	botts	1	1	1	2	2	2
Paraffin, in 250-gm. cakes	cakes	1	1	1	1	1	1
Xylenum, in 250-c. c. bottles	botts	1	1	1	2	2	2
205. Stationery.							
Baskets, letter	no	2	2	2	2	2	2
Baskets, waste-paper	no	2	2	2	2	2	2
Blank books, cap, 4-quire	no	4	4	4	6	6	6
Blank books, 8-mo., 4-quire	no	2	2	3	3	4	4
Blotters, hand	no	2	2	2	2	2	2
Cups, sponge	no	2	2	2	2	2	2
Elastic bands, assorted	gross	2	2	2	3	3	4
Envelopes, official, large	no	100	100	100	150	150	150
Envelopes, official, letter	no	400	400	500	500	600	600
Envelopes, official, note	no	100	100	100	150	200	200
Erasers, steel	no	2	2	2	2	2	2
India rubber	pieces	2	2	3	3	4	4
Ink, writing, in 1-liter bottles	botts	2	2	3	3	4	4
Ink, carmine, in 30-c. c. bottles	botts	2	2	3	3	4	4
Inkstands	no	3	3	3	4	4	4
Mucilage	botts	2	3	4	5	6	7
Pads, prescription	no	18	24	36	36	48	48
Pads, letter	no	6	8	10	12	14	16
Paper, blotting	qrs	1	1	1	2	2	2
Paper cutters	no	2	2	2	2	2	2
Paper fasteners	boxes	1	1	1	1	1	1
Paper weights	no	2	2	2	2	2	2
Paper, writing, legal cap	qrs	6	6	8	8	10	10
Paper, writing, letter	qrs	16	16	18	18	24	24

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Stationery—Continued.						
Paper, writing, letter, typewriter ..... qrs.	12	16	18	20	24	24
Paper, writing, note ..... qrs.	6	6	6	12	12	12
Pencils, lead ..... no.	18	18	24	24	36	36
Penholders ..... no.	8	8	10	10	12	12
Penracks ..... no.	3	3	3	3	3	3
Pens, steel* ..... no.	96	96	144	144	192	192
Ribbons, copying, for typewriter, as required † ..... no.						
Ribbons, record, for typewriter, as required † ..... no.						
Rulers ..... no.	2	2	2	2	2	2
Stamp, penalty, rubber ..... no.	1	1	1	1	1	1
Typewriter ..... no.	1	1	1	1	1	1
206. Surgical Instruments, Appliances, and Dressings.						
Apparatus, compressed air ..... no.	1	1	1	1	1	1
Apparatus, electric ‡ ..... no.	1	1	1	1	1	1
Apparatus, restraint ..... no.	1	1	1	1	1	1
Apparatus, steam sterilizing ..... no.	1	1	1	1	1	1
Atomizers, hand ..... no.	2	2	3	3	4	4
Bags, rubber, hot-water ..... no.	1	1	1	2	2	2
Bags, rubber, ice, for head ..... no.	1	1	1	2	2	2
Bandages, roller, assorted, in boxes of 8 dozen ..... boxes.	3	4	5	7	9	12
Bandages, rubber (Martin's), 4 meters by 63 mm ..... no.	1	1	1	2	2	2
Bandages, suspensory ..... no.	4	6	8	10	12	16
Bandage winder ..... no.	1	1	1	1	1	1
Bougies, flexible, as required ..... no.						
Boxes, fracture, folding ..... no.	1	1	1	2	2	2
Brush holders for larynx ..... no.	1	1	1	2	2	2
Case, aspirating ..... no.	1	1	1	1	1	1
Case, capital operating ..... no.	1	1	1	1	1	1
Case, dental, small ..... no.	1	1	1	1	1	1
Case, emergency ..... no.	1	1	2	2	3	3
Case, eye and ear ..... no.	1	1	1	1	1	1
Case, field operating ..... no.	1	1	1	1	1	1
Case, forceps, hæmostatic, 12 in set ..... no.	1	1	1	1	1	1
Case, genito-urethral ..... no.	1	1	1	1	1	1
Case, genito-urinary ..... no.	1	1	1	1	1	1
Case, minor operating ..... no.	1	1	1	1	1	1
Case, obstetrical and gynecological ..... no.	1	1	1	1	1	1
Case, pocket ..... no.	1	1	2	2	2	3
Case, post-mortem ..... no.	1	1	1	1	1	1
Case, stomach pump ..... no.	1	1	1	1	1	1
Case, tooth-extracting ..... no.	1	1	1	1	1	1
Case, trial lenses ..... no.			1	1	1	1
Catheter box ..... no.	1	1	1	1	1	1
Catheters, flexible, as required ..... no.						
Cotton, absorbent ..... kilos.	1	2	3	3	4	4
Cotton, styptic, in 30-gm. packages ..... pkgs.	1	1	1	1	2	2
Cotton bats ..... kilos.	2	3	4	6	8	9

* Falcon, stub, large fine, and small fine will be issued as required.

† Issued on request to Surgeon General by information slip.

‡ Sulphuric acid, sulphate of copper, and bichromate of potash in 500-gram bottles, and metallic mercury in 125-gram bottles, will be issued as required for battery use.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Surgical Instruments, Appliances, and Dressings—Continued.						
Curettes, as required—no.						
First-aid packets—no.	12	18	24	36	48	60
Forceps, needle—no.	1	1	1	1	1	1
Gauze, plain—meters.	40	60	80	120	160	200
Inflator, Politzer's—no.	1	1	1	1	1	1
Inhaler and vaporizer—no.	1	1	1	1	1	1
Inhaler, ether—no.	1	1	1	1	1	1
Lavage tubes—no.	1	1	1	1	2	2
Ligatures, catgut, sterilized, in alcohol, 3 sizes, 1 meter each, in bottles—botts.	2	2	3	3	4	5
Ligature silk—gms.	15	15	30	30	45	45
Ligature, silkworm gut—coils.	1	1	2	2	3	3
Muslin, unbleached—meters.	5	5	10	10	15	15
Needles, common, assorted—papers.	1	1	1	2	2	2
Needles, surgical, assorted, as required—no.						
Needles, surgical (Hagedorn's), 20 in set—sets.	1	1	1	1	1	1
Oakum or its equivalent—kilos.	5	8	10	12	15	20
Paper, dressing, oiled, in 24-meter rolls—rolls.	1	1	2	3	4	5
Pins, assorted—papers.	4	6	8	10	12	15
Pins, safety, 3 sizes—dozen.	3	3	6	6	8	10
Plaster, adhesive, 30 cm. wide, in 5-meter rolls—meters.	20	25	30	40	50	60
Plaster, isinglass, in 1-meter rolls—meters.	2	2	4	4	6	6
Plaster of paris, in 2-kilo tins—kilos.	4	4	6	10	12	14
Pouches, hospital corps, as required—no.						
Pouches, orderly—no.	1	1	1	1	2	2
Probangs—no.	4	4	6	6	10	10
Rubber sheeting—meters.	4	4	6	6	8	8
Scarificator—no.	1	1	1	1	1	1
Silk, gray, for shades—meters.	¼	¼	½	½	1	1
Silk, oiled, in 5-meter rolls—meters.	5	5	10	10	15	15
Speculum, rectal—no.	1	1	1	1	1	1
Splints, felt for—pieces.	4	6	8	8	10	10
Sponge holders for throat—no.	1	1	1	2	2	2
Sponges, chloroform—no.	1	1	1	2	2	2
Sponges, small, in strings of 50—no.	50	50	50	100	100	100
Sprinklers, iodoform, h. r.—no.	1	1	1	2	2	2
Surgical pump—no.	1	1	1	1	1	1
Syringes, hypodermic—no.	1	1	1	2	2	3
Syringes, rubber, self-injecting, bulb—no.	4	4	4	6	6	6
Syringes, rubber, self-injecting, fountain—no.	2	2	2	3	3	3
Tape, cotton—pieces.	2	2	3	3	4	5
Tents, laminaria or tupelo—no.	6	6	12	12	18	18
*Thermo-cautery (Paquelin's)**—no.	1	1	1	1	1	1
Thermometers, clinical—no.	2	2	2	3	3	4
Thread, cotton, assorted—spools.	2	2	3	3	4	4
Thread, linen, unbleached—gms.	30	30	30	60	60	60
Tongue depressors—no.	1	1	1	2	2	2
Tourniquet and bandage, rubber—no.	1	1	1	1	1	1
Tourniquets, field—no.	4	8	16	24	32	40
Trusses, single—no.	2	3	4	6	6	8
Trusses, double—no.	1	1	1	2	2	2
Tubes, drainage, Nos. 1, 2, and 3, of each—meters.	1	1	1	1	1	1
Wire, suture, silver, in loops—loops.	1	1	1	2	2	2

* Benzine, of a specific gravity not greater than 0.724, in 1-liter bottles, will be issued as required for use with this cautery.

SUPPLY TABLE—Continued.

Articles.		Allowance for posts having official population of—					
		100	200	400	600	800	1,000
207. Furniture, Bedding, and Clothing.							
Basin, wash, delf, for office	no.	1	1	1	1	1	1
Basins, wash hand, agate ware	no.	6	6	6	10	10	10
Bath tubs	no.	1	1	2	2	3	3
Bed cradles	no.	1	1	2	2	3	3
Beds, invalid	no.	1	1	1	1	2	2
Bedsteads, with woven-wire mattresses	no.	12	12	18	18	30	30
Bedstead casters, for beds in wards only, as required	no.						
*Blanket cases, for field use only**	no.						
Blankets, gray, for field use only, as required	no.						
Blankets, white	no.	40	50	70	100	100	100
Bookcases	no.	1	1	1	2	2	2
Cabinet for blanks	no.	1	1	1	1	1	1
Chairs, arm	no.	10	12	15	20	25	30
Chairs, common	no.	10	12	15	20	25	30
Chairs, invalid, rolling	no.	1	1	1	2	2	2
Chairs, office, revolving	no.	1	1	1	2	2	2
Chairs, rocking	no.	3	3	4	5	6	6
Clocks†	no.	3	3	3	4	4	4
Close stools	no.	1	1	2	2	3	4
Commodes, earth closet	no.	1	1	2	2	3	3
Cuspidors	no.	6	6	10	10	15	15
Desks, field, as required	no.						
Desks, office	no.	1	1	1	2	2	2
Desks, office, cloth or rubber duck top for, as required	no.						
Dish, soap, with cover, for office	no.	1	1	1	1	1	1
Furniture, field, folding, as required	set.						
Lamps, hand	no.	2	2	2	3	3	3
Lamps, stand	no.	2	2	2	3	3	3
Linoleum, as required	meters.						
Looking-glasses	no.	4	4	6	6	8	8
Mats, door, manila	no.	4	4	6	6	8	8
Mats, door, woven wire	no.	3	3	4	4	5	8
Matting, cocoa, as required	meters.						
Matting, cocoa, zinc ends for, as required	no.						
Mattress covers	no.	6	6	10	10	15	15
Mattresses, hair	no.	10	12	18	24	30	40
Mosquito bars, as required	no.						
Oilcloth for table	meters.	6	6	6	12	12	12
Pillows, feather	no.	6	6	6	12	12	12
Pillows, hair	no.	15	24	30	40	50	60
Pillowcases, cotton	no.	40	40	60	80	100	130
Pitcher, delf, for office	no.	1	1	1	1	1	1
Pitcher, ice, silver-plated	no.	1	1	1	1	1	1
Quilts, colored	no.	12	12	18	24	30	36
Quilts, white	no.	12	12	18	24	30	36
Refrigerators	no.	1	1	1	2	2	2
Safe, iron	no.	1	1	1	1	1	1
Screens, bed, folding, frames for	no.	2	2	2	4	4	4
Screens, door, wire, as required	no.						
Screens, window, wire, as required	no.						

***Issued in the proportion of one case to ten gray blankets.**

†Clocks will be issued on the basis of one for each ward, one for kitchen, and one for dispensary.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Furniture, Bedding, and Clothing—Continued.						
Screens, wire netting for, as required ——meters						
Sheets, cotton——no.	40	50	75	100	125	150
Shirts, cotton——no.	20	20	40	40	50	60
Slippers——pairs	12	12	18	18	24	36
Tablecloths, linen——meters	15	15	20	25	30	35
Tables, bedside——no.	12	12	18	18	30	30
Tables, dining, extension——no.	1	1	1	1	2	2
Towels, hand——doz.	4	8	12	15	18	20
Towels, roller——doz.	1	1	2	3	4	5
Window curtains, as required——no.						
Window-curtain fixtures, as required——sets.						
208. Miscellaneous.						
Bacteriological set, as per list——no.			1	1	1	1
Bath bricks——no.	2	2	4	4	6	6
Bedpans, delf or agate ware——no.	2	3	4	5	5	6
Bell, call——no.	1	1	1	1	1	1
Blowers, for insect powder——no.	1	1	1	1	2	2
Boiler, tin——no.	1	1	1	1	1	1
Boilers, double, for cooking——no.	1	1	1	1	2	2
Bowl, chopping——no.	1	1	1	1	1	1
Bowls, soup, delf——no.	18	24	36	48	60	72
Bowls, sugar, with lid——no.	2	2	4	4	6	6
Boxes, ointment, impervious——doz.	12	15	20	25	30	35
Boxes, pill——doz.	20	25	30	40	50	60
Boxes, powder——doz.	18	18	24	30	36	48
Brooms——no.	12	18	24	36	48	48
Brooms, whisk——no.	2	2	2	2	2	2
Brushes, dust——no.	2	2	4	4	6	6
Brushes, flesh, rubber——no.	1	1	1	1	2	2
Brushes, nail——no.	1	1	1	1	2	2
Brushes, nail, holder for——no.	1	1	1	1	1	1
Brushes, scrubbing——no.	12	12	18	18	24	24
Brushes, stove-blacking——no.	3	3	3	4	4	4
Buckets, covered, 7-liter——no.	2	2	4	4	5	6
Buckets, fiber or wood——no.	4	6	8	10	12	15
Buckets, fire, galvanized iron——no.	12	12	18	18	24	24
Burner, Bunsen's *——no.	1	1	1	1	1	1
Can openers——no.	2	2	2	2	2	2
Candlesticks——no.	2	2	2	2	2	2
Cans, milk, 9-liter——no.	1	1	2	2	2	3
Capsules, gelatin, 100 in box, 4 sizes——boxes	10	12	16	20	24	30
Casters——no.	1	1	2	2	2	2
Chamois skins——no.	2	2	3	3	4	4
Charts, anatomical, in case——set.	1	1	1	1	1	1
Chemical set, as per list——no.			1	1	1	1
Chest, commode, as required——no.						
Chest, food, as required——no.						
Chest, medical, as required——no.						
Chest, mess, as required——no.						
Chest, surgical, as required——no.						

* Will not be issued to posts that have no gas supply.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Miscellaneous—Continued.						
Cleaver—no.	1	1	1	1	1	1
Clothes baskets or bags—no.	2	2	2	3	4	4
Clothesline, manila—meters	60	60	60	90	90	90
Colanders—no.	1	1	1	2	2	2
Cork borers, set of 6—set	1	1	1	1	1	1
Cork extractor—no.	1	1	1	1	1	1
Cork presser—no.	1	1	1	1	1	1
Corks, assorted, in bags of 24 dozen—doz.	48	48	96	96	144	144
Corks, large (No. 10)—doz.	2	2	3	3	4	4
Corkscrews—no.	2	2	2	3	3	3
Crutches—pairs	4	4	6	6	8	8
Crutches, rubber tips for—no.	8	8	12	12	16	16
Cups—no.	18	24	36	48	60	72
Cups, feeding—no.	2	4	6	8	10	12
Cups, spit—no.	4	6	8	10	12	15
Cushions, rubber, small—no.	2	2	2	3	3	3
Cushions, rubber, with open center—no.	1	1	1	2	2	2
Cutting pliers, for fixed bandages—no.	1	1	1	1	1	1
Dippers—no.	3	3	4	4	5	5
Dish covers, wire netting, assorted—no.	6	6	9	9	12	12
Dishes, meat, assorted—no.	6	6	8	8	12	12
Dishes, vegetable, with covers—no.	4	4	6	8	10	12
Dispensing set—set	1	1	1	1	1	1
Dispensing set, labels for, glass—set	1	1	1	1	1	1
Drawer pulls, with labels, as required—no.						
Dusters, feather, long handle—no.	1	1	1	2	2	2
Dusters, feather, short handle—no.	2	2	3	3	4	4
Egg-beater—no.	1	1	1	1	1	1
Envelopes for tablets, 5 x 6 cm—doz.	20	25	30	35	40	50
Eye shades—no.	2	2	3	3	4	4
Fans—no.	12	12	18	18	24	24
Fire extinguishers (force pump)—no.	1	1	1	2	2	2
Flasks, 500-c. c—no.	2	2	3	3	4	4
Flasks, 1,000-c. c—no.	2	2	3	3	4	4
Forks, carving—no.	2	2	2	3	3	3
Forks, flesh—no.	1	1	1	2	2	2
Forks, table, common (see note, page 81)—no.						
Forks, table, silver-plated—no.	24	36	48	56	72	72
Funnels, glass, 250 c. c., 500 c. c., and 1 liter—no.	3	3	3	6	6	6
Glue, liquid, in 250-c. c. cans—cans	1	1	1	2	2	2
Grater, large—no.	1	1	1	1	1	1
Graters, small—no.	1	1	1	2	2	2
Gravy boats—no.	2	2	4	4	5	6
Gridirons—no.	1	1	2	2	2	2
Grindstone, complete, 25-cm., kitchen—no.	1	1	1	1	1	1
Hammer—no.	1	1				
Hand grenades—no.	12	18	24	36	48	48
Hatchets—no.	1	1				
Hone—no.	1	1	1	1	1	1
Hose, canvas, 2.5-cm., in 15-meter lengths—meters	30	30	30	60	60	60
Hose, nozzles, plain and spray—no.	2	2	2	2	2	2
Hose, reel cart for—no.	1	1	1	1	1	1
Insect powder, in 500-gm. tins—tins	2	2	4	4	6	6
Kettles, tea—no.	2	2	2	3	3	3

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Miscellaneous—Continued.						
Knives, bread—no.	1	1	1	2	2	2
Knives, butcher's—no.	1	1	1	2	2	2
Knives, carving—no.	2	2	2	3	3	3
Knives, chopping—no.	1	1	1	1	1	1
*Knives, table, common**—no.						
*Knives, table, silver-plated**—no.	24	36	48	56	72	72
Labels for vials—gross.	2	3	4	5	6	7
Ladder, step—no.	1	1	1	1	1	1
Ladles—no.	2	2	2	3	3	3
Lamp chimneys, as required†—no.						
Lamp shades, as required—no.						
Lamps, spirit, glass—no.	1	1	1	2	2	2
Lamp wicks, as required†—no.						
Lantern glasses, extra, red or white, as required—no.						
Lantern wicks, as required—no.						
Lanterns—no.	2	2	2	3	3	3
Lawn mower—no.	1	1	1	1	1	1
Litters—no.	2	2	3	3	4	5
Litters, canvas for, as required—pieces.						
Litters, straps for, as required—no.						
Litter slings—no.	3	4	5	6	8	10
Lye, concentrated, in 500-gm. tins—tins.	6	8	10	12	14	16
Measures, 500 c. c. to ¼ liter—set.	1	1	1	1	1	1
Measures, graduated, glass, 100-c. c—no.	2	2	2	3	3	3
Measures, graduated, glass, 250-c. c—no.	2	2	2	3	3	3
Measures, graduated, glass, 500-c. c—no.	2	2	2	2	2	3
Meat cutter—no.	1	1	1	1	1	1
Medicine droppers—no.	12	12	24	24	36	48
Medicine glasses—no.	2	2	3	4	5	6
Microscope—no.	1	1	1	1	1	1
Microtome, large—no.			1	1	1	1
Mills, coffee—no.	1	1	1	2	2	2
Mop handles—no.	4	6	8	8	10	10
Mortar and pestle, glass, 10-cm—no.	1	1	1	1	1	1
Mortar and pestle, Wedgwood, 8-cm—no.	1	1	1	1	2	2
Mortars and pestles, Wedgwood, 20-cm—no.	1	1	2	2	3	3
Mortars and pestles, Wedgwood, 30-cm—no.	1	1	1	1	1	1
Mouse traps—no.	2	2	2	2	2	2
Nail puller—no.	1	1				
Naphthalin, in 5-kilo. boxes—kilos.	5	5	5	5	5	5
Needle, sailmaker's—no.	1	1	1	1	1	1
Needle, upholsterer's—no.	1	1	1	1	1	1
Oil can, with pump, 22-liter—no.	1	1	1	1	1	1
Ophthalmoscope—no.	1	1	1	1	1	1
Pack saddle, as required—no.						
Pails, milk, with strainer—no.	1	1	1	2	2	2
Pans, dish—no.	2	2	2	3	3	3
Pans, dust—no.	2	2	3	3	4	4
Pans, frying—no.	1	1	2	2	3	3
Pans, milk—no.	6	6	8	8	10	10

* Knives, forks, and spoons, silver-plated, when so much worn as to be unfit for table use, will be dropped as "silver-plated" and taken up as "common."

† State kind of lamp for which chimneys and wicks are desired.

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Miscellaneous—Continued.						
Pans, muffin—no.	2	2	3	3	4	4
Pans, sauce—no.	2	2	2	3	3	3
Paper, filtering, round, 25-cm—pkgs.	2	2	3	3	4	5
Paper, litmus, blue and red, of each—sheets.	2	2	3	3	4	4
Paper, tarred, in 30-meter rolls—rolls.	1	1	1	1	1	1
Paper, toilet—pkgs.	20	30	40	60	80	100
Paper, urinary test, assorted—pkgs.	1	1	1	1	2	2
Paper, wrapping, blue and white, of each—qrs.	2	4	6	8	10	12
Paper, wrapping, brown—qrs.	1	2	3	4	5	6
Pencils, hair, 1 dozen in vial—doz.	2	3	4	4	5	6
Percolators, glass—no.	1	1	1	2	2	2
Pickle dishes—no.	2	2	4	4	5	6
Pill machine—no.	1	1	1	1	1	1
Pill tile, 12 to 25 cm—no.	1	1	1	1	1	1
Pipettes, graduated, 5-c. c—no.	2	2	2	3	3	3
Pitchers, delf, 500-c. c—no.	2	4	4	6	8	10
Pitchers, delf, 1-liter—no.	2	4	4	6	6	8
Pitchers, sirup, glass—no.	2	2	3	3	4	4
Plates, dinner—no.	18	24	36	48	60	72
Potato masher—no.	1	1	1	1	1	1
Pots, chamber—no.	2	2	4	4	6	6
Pots, coffee, agate ware or tin—no.	2	2	2	3	3	3
Pots, tea, agate ware or tin—no.	2	2	2	3	3	3
Pots, watering—no.	1	1	1	1	1	1
Prescription file—no.	1	1	1	1	1	1
Pus basins—no.	1	1	1	2	2	2
Razor—no.	1	1	1	1	1	1
Razor strop—no.	1	1	1	1	1	1
Retort stand—no.	1	1	1	1	1	1
Rolling-pin—no.	1	1	1	1	1	1
Saltcellars, glass—no.	8	8	10	10	12	15
Sapolio—kilos.	3	4	5	7	10	12
Saucers—no.	18	24	36	48	60	72
Saw, butcher's—no.	1	1	1	1	1	1
Saw, hand—no.	1	1				
Scales and weights, apothecary's—no.	1	1	1	1	1	1
Scales and weights, balance, in glass case—no.	1	1	1	1	1	1
Scales and weights, grocer's—no.	1	1	1	1	1	1
Scales and weights, platform—no.	1	1	1	1	1	1
Scoops—no.	1	1	1	2	2	2
Screw-drivers, large and small—no.	2	2				
Settees for porch or hall—no.	1	1	2	2	3	3
Shaving brush—no.	1	1	1	1	1	1
Shears—no.	2	2	2	2	2	2
Sickle—no.	1	1	1	1	1	1
Sieves, flour—no.	1	1	1	2	2	2
Skeleton, in cabinet—no.	1	1	1	1	1	1
Skimmers—no.	1	1	1	2	2	2
Spatulas, 15-cm—no.	1	1	2	2	2	2
Spatulas, 7-cm—no.	1	1	2	2	2	2
Sponges, bath, large—no.	2	2	2	3	4	4
Spoons, basting, agate ware or tinned iron—no.	2	2	2	2	3	3
Spoons, table, common (see note, page 81)—no.						
Spoons, table, silver-plated—no.	18	24	36	48	56	72

SUPPLY TABLE—Continued.

Articles.	Allowance for posts having official population of—					
	100	200	400	600	800	1,000
Miscellaneous—Continued.						
Spoons, tea, common (see note, page 81)—no.						
Spoons, tea, silver-plated—no.	18	24	36	48	56	72
Stamp, with outfit, for marking hospital clothing—no.	1	1	1	1	1	1
Steels—no.	1	1	1	1	2	2
Stethoscope—no.	1	1	1	1	1	1
Stethoscope, double—no.	1	1	1	1	1	1
Stove, coal oil, if required—no.	1	1	1	1	1	1
Stove blacking—papers.	6	10	10	20	20	25
Suppository mold—no.	1	1	1	1	1	1
Syringes, penis, glass, in case—no.	30	42	60	72	96	96
Tablet machine, with 200 and 324 mgm. dies—no.	1	1	1	1	1	1
Talcum (French chalk), 1-kilo. packages—kilos.	2	2	2	2	2	2
Tape measures, linen, 1-meter—no.	1	1	1	2	2	2
Test tubes—no.	12	12	18	18	24	24
Test tubes, stand for—no.	1	1	1	1	1	1
Thermometers—no.	2	2	2	3	3	3
Tools, chest of—no.			1	1	1	1
Trays, antiseptic—no.	1	1	1	1	2	2
Trays, butler's—no.	2	2	4	4	6	8
Trays, bed, with legs—no.	2	2	4	6	8	8
Trimmer, lamp—no.	1	1	1	1	1	1
Trowel, garden—no.	1	1	1	1	1	1
Tubing, glass, assorted—kilos.	½	½	½	1	1	1
Tubing, rubber—meters.	2	2	3	3	4	4
Tumblers, glass—no.	24	36	36	50	60	84
Twine, fine and coarse—kilos.	1	1	2	2	3	3
Twine boxes—no.	2	2	2	2	2	2
Urinals, delf or agate ware—no.	4	4	6	6	8	8
Urinometers—no.	1	1	1	2	2	2
Vials, 50 in box, two 180-c. c., twelve 120-c. c., eighteen 60-c. c., twelve 30-c. c., six 15-c. c—boxes.	10	15	20	25	30	35
Vials, 4-c. c—dozen.	2	3	4	5	6	7
Vision-test set—no.	1	1	1	1	1	1
Washtubs—no.	1	1	1	1	2	2
Water coolers—no.	2	2	2	3	3	3

209. FURNITURE AND APPLIANCES FOR OPERATING ROOM.

The following articles will be furnished, on requisition, to those posts at which the surgeon reports that a room is available for use as an operating room:

1 operating table. 1 table for instruments.
*1 case for instruments. *1 case for dressings, etc.
6 scalpels, metal handles.
3 operating gowns for surgeons and assistants.

*NOTE.—Authority will be given for the purchase or manufacture of these cases at the post if they can be so obtained at a reasonable price.

1 surgical cushion, Kelly's.
8 tubes, catgut, assorted sizes, in Fowler's tubes.
1 dozen spools, Halstead's, for silk ligature.
1 coil silkworm gut.
1 dozen brushes for cleansing.
1 kilo green soap.

ENAMELED WARE.

1 instrument boiler.	2 pitchers.
2 wash basins.	2 pails.
4 basins for sponges, etc.	2 trays for instruments.

GLASSWARE.

2 Petri's dishes for needles, etc.
2 small jars, covered, for ligatures, etc.
4 larger jars, covered, for dressings, etc.
6 flasks for flushing solutions.
6 4-liter bottles, g. s., for antiseptic solutions.

210. COMPOSITION OF TABLETS.

The words pills, tablets, and trochisci are used synonymously throughout the Supply Table. Compound tablets which are not official and are referred to by these names have the following composition:

Aloini Pilulæ Compositæ.	
Aloinum ..... mgms.	8
Podophylli resina ..... mgms.	8
Belladonnæ fol. ext. alc. mgms.	8
Strychnina ..... mgm.	0.8
Oleoresina capsici ..... mgms.	2.7
Ammonii Chloridi Trochisci.	
Ammonii chloridi ..... mgms.	130
Extractum glycyrrhizæ purum ..... mgms.	518
Oleum anisi ..... mgms.	3
Antiseptic.	
Hydrargyri chloridum cor. mgms.	500
Ammonii chloridum ..... mgms.	475
One tablet to one-half liter of water makes a 1-to-1000 solution.	

Copaibæ Pilulæ Compositæ.	
Copaiba ..... mgms.	100
Resina guaiaci ..... mgms.	24
Ferri citras ..... mgms.	24
Oleoresina cubebæ ..... mgms.	40
Ferri Pilulæ Compositæ.	
Ferri pyrophosphas ..... mgms.	65
Quininæ sulphas ..... mgms.	32
Strychninæ sulphas ..... mgm.	1
Hydrarg. Chl. Mite Cum Sodii Bicarb.	
Hydrargyri chl. mite ..... mgms.	32
Sodii bicarb ..... mgms.	65
Hyoscyami Pilulæ Compositæ.	
Extractum hyoscyami ..... mgms.	65
Camphora ..... mgms.	65
Oleoresina capsici ..... mgms.	3
Morphinæ acetas ..... mgms.	3

COMPOSITION OF TABLETS—Continued.

Linimentum Rubefaciens.	
Camphora ——mgms.	500
Capsicum ——mgms.	500
Ext. belladonnæ fol. alc ——mgms.	500
Dissolve one tablet on 30 c. c. of alcohol.	
Mistura Glycyrrhizæ Composita.	
Extractum glycyrrhizæ ——mgms.	6
Camphora——mgms.	2.5
Acidum benzoicum——mgms.	2.5
Opium ——mgms.	2.5
Antimonii et pot. tartras ——mgm.	1
Oleum anisi——mgms.	2.5
Each tablet is the practical equivalent of 4 c. c. of brown mixture.	

Pilulæ Camphoræ et Opii.	
Camphora ——mgms.	130
Opium——mgms.	65
Pilulæ Carminativæ.	
Morphinæ sulphas ——mgm.	0.8
Camphora ——mgms.	16
Extractum rhei ——mgms.	32
Sodii carbonas exsic ——mgms.	100
Oleoresina capsici ——mgms.	2.7
Oleum menthæ piperitæ ——mgms.	5
Sodii Bicarb. et Mentha pip.	
Sodii bicarbonas——mgms.	258
Ammonii carbonas ——mgms.	16
Oleum menthæ piperitæ ——mgms.	5

211. BOTTLES AND JARS CONTAINED IN DISPENSING SET.

Tincture Bottles.	
1-liter——no.	11
500-c. c ——no.	9
250-c. c ——no.	21
125-c. c ——no.	6
60-c. c ——no.	18
Tincture Bottles, Blue.	
125-c. c ——no.	2
Steeple-top Jars.	
250-gm——no.	10

Salt-mouth Bottles.	
500-gm——no.	9
250-gm——no.	28
125-gm——no.	22
60-gm——no.	23
Salt-mouth Bottles, Blue.	
60-gm——no.	4
Total.	
Bottles——no.	153
Jars ——no.	10

212. CONTENTS IN DETAIL OF THE CASES, ETC.

(To which reference is made in the Supply Table.)

COMPRESSED-AIR APPARATUS.

Air container, with gauge——no.	1
Force pump——no.	1
Tubing, thick rubber, silk-covered, connecting container with cut-off——meters.	2.4
Tubing, thick rubber, connecting container with force pump——meters.	1.2

Davidson's sprays, in set, viz:	
Atomizer tubes, h. r ——no.	3
Bottles, with h. r. caps ——no.	3
Cut-off, metal ——no.	1
Stand for bottles ——no.	1
Tube connector, h. r——no.	1
Tube, wires for cleaning ——no.	2

213. RESTRAINT APPARATUS.

(In wooden box, with handle and lock.)

Anklets—pair	1	*Strap, bed*, as per circular—no	1
Keys to lock buckles—no	5	*Strap, waist*—no	1
Muff, leather—no	1	*Wristlets*—pair	1

214. SPRAY-PRODUCING APPARATUS.

(Rumbold's, for Petrolatum.)

Air bulb, soft rubber—no	1	*Spray producers, metal*, (Nos. 1, 2, 4, 5)—no	4
Mirror, hinged, 3 glasses—no	1	*Tongue depressor, 3 blades*—no	1
Speculum, nasal, adjustable blades—no	1		

215. CONTENTS OF ASPIRATING CASE.

(In morocco case.)

Needles, aspirating—no	3	*Tube, metallic, with extra wires*—no	1
Obturator, blunt, for cannula—no	1	*Tubing attachments*—no	4
Pump—no	1	Tubing, rubber—pieces	3
Tube, double current, metal, with rubber stopper—no	1	*Trocar and cannula, with stopcock*—no	1

216. CONTENTS OF CAPITAL OPERATING CASES.

Two patterns of cases under this name have been issued, and will be referred to hereafter as Nos. 1 and 2, in accordance with the dates of issue. The contents are essentially the same, but they may be readily distinguished by No. 1 being a narrow, thick case, containing a leaden mallet, while No. 2, which was a part of most of the late personal sets, is a wide, flat case, and does not contain a mallet.

CASE NO. 1.

(In mahogany case, with leather pouch.)

Catlin, long—no	1	*Needle, aneurism, handle, and 3 tips*—no	1
Catlin, small—no	1	*Needle, key, artery*—no	1
Chisel—no	1	Needles, surgeon's—no	12
Drills, with one handle—no	4	*Retractors*—no	2
Elevator and raspatory, combined—no	1	*Saw, bow, 2 blades*—no	1
Forceps, artery, fenestrated, spring catch—no	1	*Saw, chain*—no	1
Forceps, bone, gouge—no	1	*Saw, Hey's*—no	1
Forceps, bone, long, slightly bent—no	1	*Saw, metacarpal*—no	1
Forceps, bone, long, angled—no	1	*Scalpels*—no	3
Forceps, sequestrum—no	1	*Scissors, straight*—no	1
Gouge—no	1	*Tanaculum*—no	1
Hook, double—no	1	*Tourniquet, screw*—no	1
Knife, amputating, long—no	1	*Trephine, brush for*—no	1
Knife, amputating, medium—no	1	*Trephine, conical*—no	1
Knife, cartilage—no	1	*Trephine, crown*—no	1
Ligature, silk—gms	5	*Trephine, handle for*—no	1
Mallet, leaden—no	1	Wax—piece	1

CASE NO. 2.

(In mahogany case, with leather pouch.)

Bistoury, straight	no. 1	*Needle, key, artery*	no. 1
Catlin, long	no. 1	Needles, surgeon's	no. 12
Catlin, small	no. 1	*Raspatory*	no. 1
Chisel	no. 1	*Razor*	no. 1
Drills, with one handle	no. 4	*Retractors*	no. 2
Elevator	no. 1	*Saw, bow, 2 blades*	no. 1
Forceps, artery, bulbous, slide catch	no. 1	*Saw, chain*	no. 1
Forceps, bone, gouge, curved	no. 1	*Saw, Hey's*	no. 1
Forceps, bone, gouge, straight	no. 1	*Saw, movable back*	no. 1
Forceps, bone, long	no. 1	*Scalpels*	no. 3
Forceps, lithotomy	no. 1	*Scissors, straight*	no. 1
Forceps, sequestrum	no. 1	*Tenaculum*	no. 2
Gouge	no. 1	*Tourniquet, screw, with pad*	no. 1
Knife, amputating, long	no. 1	*Trephine, brush for*	no. 1
Knife, amputating, medium	no. 1	*Trephine, conical*	no. 2
Knife, cartilage	no. 1	*Trephine, handle for*	no. 1
Ligature, silk	gms. 5	*Trocar and cannula, straight*	no. 1
Needle, aneurism, handle and 3 tips	no. 1	Wax	piece 1

217. CONTENTS OF DENTAL CASE.

(In small morocco case.)

Burnishers (Nos. 3, 29, 36)	no. 3	Gutta-percha	gms. 30
Chisels (Nos. 77, 135)	no. 2	*Handles for instruments*	no. 6
Explorer (No. 5)	no. 1	*Hone*	no. 1
Excavators (Nos. 10, 14, 16, 21, 41, 82, 86, 141, 143, 145)	no. 10	*Mirror*	no. 1
Files (2 each of Nos. 00, 0, 1)	no. 6	Paper, bibulous	sheets. 6
Forceps, college	no. 1	*Scaler (No. 3)*	no. 1
		Spatula (No. 1)	no. 1

218. CONTENTS OF EMERGENCY CASE.

Tablets in 15-c. c. Bottles.		Hypodermic Tablets, in Tubes.	
Acetanilidum	mgms. 200	Apomorphinæ hydrochloras*	mgms. 6
Acidum tannicum	mgms. 324	Atropinæ sulphas*	mgm. 0.65
Aconiti tinctura	c. c. 0.1	Cocainæ hydrochloras	mgms. 10
Aloini compositæ	------	Digitalinum*	mgm. 1
Antipyrinum	mgms. 324	Morphinæ sulphas*	mgms. 8
Antiseptic	------	Nitroglycerinum	mgm. 0.65
Bismuthi subnitras	mgms. 324	Quininæ hydrochloras	mgms. 32
Carminativæ	------	Strychninæ sulphas	mgm. 1
Catharticæ compositæ	------		
Chloral	mgms. 324	**Instruments.**	
Digitalis tinctura	c. c. 0.3	*Bistoury, curved and straight,* of each	no. 1
Ergotinum	mgms. 130	*Forceps, hæmostatic*	no. 1
Hydrargyrum chl. mite cum sodii bicarb	------	Ligature, silk	gm. 1
Ipecacuanha et opium	------	Needles, surgical	no. 6
Morphinæ sulphas	mgms. 8	Plaster, isinglass	roll. 1
Opii tinctura camphorata	c. c. 0.4	*Scissors, straight*	no. 1
Phenacetinum	mgms. 324		
Potassii bromidum	mgms. 324		
Quininæ sulphas	mgms. 200		
Sulphonal	mgms. 324		

Syringe, hypodermic	no. 1
Thermometer, clinical	no. 1

* Tablets marked thus are in the hypodermic syringe case.

219. CONTENTS OF EYE AND EAR CASE.

(In mahogany case, with leather pouch.)

This list does not correspond to the contents of all eye and ear cases; discrepancies should be noted.

Bottles, g. s., 4-c. c	no.	2	*Needle, curved*	no.	1
Catheter, eustachian, h. r	no.	1	*Needle, stop, curved*	no.	1
Curette	no.	1	*Needle, stop, straight*	no.	1
Cystotome and scoop	no.	1	*Needle, straight*	no.	1
Director, lachrymal	no.	1	Needles, fine	no.	6
Forceps, angular, for ear	no.	1	*Ophthalmoscope*	no.	1
Forceps, cilia	no.	1	*Optometer (Thompson's)*	no.	1
Forceps, fixation	no.	1	*Probes, lachrymal, double, silver*	no.	4
Forceps, iridectomy, angular	no.	1	*Scalpel*	no.	1
Forceps, iridectomy, curved	no.	1	*Scissors, curved on the flat*	no.	1
Forceps, iridectomy, straight	no.	1	*Scissors, iris (Noyes's) on handle*	no.	1
Hook, blunt	no.	1	*Scissors, strabismus*	no.	1
Hook, blunt, curved shank	no.	1	*Scissors, straight*	no.	1
Hook, double	no.	1	*Scoop and hook, metal handle*	no.	1
Hook, strabismus	no.	2	Silk, fine	gm.	1
Keratome, angular	no.	2	*Speculums, ear, in nest*	no.	3
Knife (Beer's), cataract	no.	1	*Speculum, eye, stop*	no.	1
Knife (Graefe's), linear	no.	1	*Speculum, eye, stop (Graefe's)*	no.	1
Knife, iris	no.	1	*Spoon, lens, h. r*	no.	1
Knife, iris, double-edge	no.	1	*Spoon, lens, fenestrated*	no.	1
Lid holder, large and small	no.	2	*Spud, Dix's*	no.	1
Lid holder, hard rubber	no.	1	*Styles, lachrymal, silver*	no.	2
Mirror, laryngeal	no.	2	*Syringe (Anel's), with 3 tips*	no.	1
Mirror, laryngoscopic, with head band	no.	1	Wax	piece.	1

220. CONTENTS OF FIELD CASE.*

(In wooden case, with leather pouch and sling strap with buckle and snap hooks.)

Bistoury, curved	no.	1	Ligature, silk	gms.	3
Catheter, silver, jointed	no.	1	Needles, surgeon's	no.	12
Director and aneurism needle	no.	1	*Probe (Nélaton's)*	no.	1
Forceps, artery and needle, combined	no.	1	*Saw blade, movable back*	no.	1
Forceps, bone	no.	1	*Saw blade, handle*	no.	1
Forceps, bullet	no.	1	*Scalpel*	no.	1
Forceps, dressing	no.	1	*Scissors, straight*	no.	1
Knife, amputating, blade	no.	1	*Serrefines (Langenbeck's)*	no.	4
Knife, amputating, handle	no.	1	*Tenaculum*	no.	1
			Wax	piece.	1

*This is the case recently issued as "surgeon's field case."

221. CONTENTS OF FIELD OPERATING CASE.

(In mahogany case, with leather pouch.)

This list does not correspond to the contents of all field operating cases; discrepancies should be noted.

Bistoury, curved	no.	1	*Catlin, medium*	no.	1
Bistoury, curved, probe-pointed	no.	1	*Director*	no.	1
Bistouries, straight	no.	2	*Elevator*	no.	1
Catheters, silver, Nos. 3, 6, and 9	no.	3	*Elevator and raspatory, combined*	no.	1
Catlin, long	no.	1	*Forceps, artery, spring*	no.	1

CONTENTS OF FIELD OPERATING CASE—Continued.

Forceps, bone, curved	no. 1	*Saw, bow, 2 blades*	no. 1
Forceps, bullet	no. 1	*Saw, chain*	no. 1
Forceps, dissecting	no. 1	*Saw, Hey's*	no. 1
Forceps, dressing	no. 1	*Saw, metacarpal*	no. 1
Forceps, sequestrum	no. 1	*Scalpel*	no. 1
Knife, amputating, long	no. 1	*Scissors, angular*	no. 1
Knife, amputating, medium	no. 1	*Scissors, straight*	no. 1
Knife, hernia	no. 1	*Sounds, steel, silvered, double curve, Nos. 1–2, 3–4, 5–6, 7–8, 9–10, 11–12*	no. 6
Ligature, silk	gms. 5		
Needle, aneurism, handle and 3 tips	no. 1	*Tenaculum*	no. 1
Needle, key, artery	no. 1	*Tourniquet, screw, with pad*	no. 1
Needles, surgeon's	no. 12	*Trephine, brush for*	no. 1
Probe, bullet, long	no. 1	*Trephine, conical, and handle*	no. 1
Probe (Nélaton's)	no. 1	*Trocar and cannula, curved*	no. 1
Razor	no. 1	Wax	piece 1
Retractors	no. 2		

222. CONTENTS OF HÆMOSTATIC FORCEPS CASE.

(In morocco case.)

Halstead's straight	no. 1	*Tait's long grip*	no. 1
Halstead's curved	no. 1	*Tait's short grip*	no. 1
Jones's angular	no. 1	*Thornton's T*	no. 1
Jones's straight	no. 1	*Wood's (Péan's) large*	no. 2
Little's fenestrated	no. 1	*Wood's (Péan's) small*	no. 2

223. CONTENTS OF HÆMOSTATIC FORCEPS CASE.

(Surgical chest.)

Halstead's curved, light	no. 6	*Pratt's T-shaped*	no. 1
Halstead's curved, heavy	no. 2	*Senn's long-jaw, mouse-toothed*	no. 1
Jones's straight	no. 2		

224. CONTENTS OF GENITO-URETHRAL CASE.

(In rosewood case.)

Bougies à boule (Otis's), metal, nickel-plated, Nos. 11, 14, 17, 21, 26, 30	no. 6	*Gauge, steel (American and French)*	no. 1
Catheter, double current, silver	no. 1	*Gauges, pasteboard (American and French)*	no. 2
Catheter, grooved and tunneled (Gouley's), with stylet	no. 1	*Guides, whalebone (Gouley's)*	no. 12
		Guides, whalebone (Otis's)	no. 2
Catheter and staff, grooved and tunneled (Gouley's), with stylet	no. 1	*Knife, beaked (Gouley's)*	no. 1
		Sounds, set of 4, fitting one handle	set 1
Orin de Florence	no. 1	*Sounds, tunneled (Gouley's)*	no. 3
Dilator (Thompson's), modified by Gouley	no. 1	*Tenaculum (Gouley's)*	no. 1
Director, silver (Gouley's)	no. 1	*Urethrotome, dilating (Gouley's), with two tunnel tips*	no. 1
Forceps, urethral (Thompson's)	no. 1		

225. CONTENTS OF GENITO-URINARY CASE.

(In mahogany case.)

Bistoury for meatus (Otis's) ____no.	1	*Urethrometer (Otis's), hinged* __no.	1
Bougies à boule (Otis's), metal, nickel-plated, Nos. 8 to 40, inclusive ____no.	33	Urethrometer, rubber covers for ____no.	12
Endoscopes (Otis's, h. r.), Nos. 22, 26, and 32 ____no.	3	*Urethrotome, Maisonneuve's, No. 8, Otis's gauge, with two blades, two filiform bougies and one extra tunneled tip for whalebone guide* ____no.	1
Gauge (Otis's), steel ____no.	1	*Urethrotome, dilating (Otis's), straight, with two blades* ____no.	1
Guides (Otis's), whalebone ____no.	2		
Sounds (Otis's), short-beaked, steel, nickel-plated, Nos. 20 to 40, inclusive ____no.	21		

226. CONTENTS OF URETHRAL CASE.

(In rosewood case, with lock.)

But few of these have been issued. It is essentially the same as the genito-urinary case, but the arrangement and contents are somewhat different.

Bougies à boule (Otis's), metal, nickel-plated, Nos. 8 to 46, inclusive ____no.	39	*Urethrometer (Otis's), spring* __no.	1
Catheter syringe, prostatic ____no.	1	Urethrometer, rubber covers for ____no.	12
Gauge, steel ____no.	1	*Urethrotome, dilating (Otis's), straight, with two blades* ____no.	1
Sounds (Otis's), short-beaked, steel, nickel-plated, Nos. 21 to 46, inclusive ____no.	26		

227. CONTENTS OF MINOR OPERATING CASE.

(In brass-bound mahogany case, with leather pouch.)

Bistoury, curved ____no.	1	*Pliers, wire-cutting, small* ____no.	1
Bistoury, curved, probe-pointed __no.	1	*Probang, œsophageal* ____no.	1
Bistouries, straight ____no.	2	*Probe (Nélaton's)* ____no.	1
Cannula (Bellocq's) ____no.	1	*Probe (Sayre's), vertebrated* ___no.	1
Catheter, prostatic, silver ____no.	1	*Scalpels* ____no.	2
Catheters, silver, Nos. 3, 6, and 9 no.	3	*Scissors, angular* ____no.	1
Director ____no.	1	*Scissors, curved* ____no.	1
Ecraseur, wire, two tips ____no.	1	*Scissors, straight* ____no.	1
Forceps, artery, fenestrated, slide catch ____no.	1	*Serrefines* ____no.	6
Forceps, bullet ____no.	1	*Sound, small* ____no.	1
Forceps, dissecting ____no.	1	*Sounds, steel, silvered, double-curve, Nos. 1–2, 3–4, 5–6, 7–8, 9–10, 11–12* ____no.	6
Forceps, dressing ____no.	1	*Staff, grooved, large* ____no.	1
Forceps, œsophageal ____no.	1	*Staff, grooved, medium* ____no.	1
Forceps, tracheotomy (Trousseau's) ____no.	1	*Staff (Syme's)* ____no.	1
Knife, amputating ____no.	1	*Tenaculum* ____no.	1
Knife, hernia ____no.	1	*Tonsillotome* ____no.	1
Ligature, silk ____gms.	5	*Trocar and cannula, curved* ___no.	1
Needle, artery, with four tips ___no.	1	*Tubes, tracheotomy, double* ____no.	2
Needle, key, artery ____no.	1	Wax ____piece.	1
Needles, surgeon's ____no.	12		

228. CONTENTS OF OBSTETRICAL AND GYNECOLOGICAL CASE.

(In leather trunk case, with handles and lock.)

Blunt hook and crotchet, guarded	no.	1	
Bottle, g. s. and g. c., for Little's saline mixture	no.	1	
Bottle, g. s. and g. c., for styptic	no.	1	
Bottle, g. s. and g. c., for ergot	no.	1	
Catheter (Sims's) sigmoid, metal	no.	1	
Cephalotribe (craniotomy forceps)	no.	1	
Dilators (Barnes's), with stop-cocks, etc	no.	3	
Dilator, uterine, small	no.	1	
Elevator, uterine (Sims's), with two points	no.	1	
Forceps, long (Wallace's)	no.	1	
Forceps, placenta (Loomis's)	no.	1	
Forceps, short (Brickell's)	no.	1	
Funis clamp (Pulling's)	no.	1	
Perforator (Thomas's)	no.	1	
Probe, uterine, silver, with silver applicator, set-screw handle, and sponge tent expeller	no.	1	
Scarifier (Buttles's)	no.	1	
Scissors, uterine, curved on the flat	no.	1	
Sound, folding (Simpson's)	no.	1	
Speculum, vaginal and anal, combined	no.	1	
Suppository tube, intra-uterine, h. r	no.	1	
Syringe, rubber, self-injecting	no.	1	
Tampon, small	no.	1	
Tenaculum (Nott's)	no.	1	
*Transfusion set (Fryer's)**	no.	1	
Vectis, with handle	no.	1	

* With directions for use, and consisting of a rubber tube with two bulbs, a glass receiver, and giver's and receiver's cannulæ.

229. CONTENTS OF POCKET CASE, ASEPTIC.

(In leather case, with metal clips and chamois cover.)

Bistoury, curved	no.	1	
Bistoury, curved, probe-pointed	no.	1	
Bistoury, straight	no.	1	
Catheter, jointed, male and female tips	no.	1	
Caustic holder	no.	1	
Forceps, needle and fenestrated, artery	no.	1	
Forceps, long-jawed	no.	1	
Lancet, thumb	no.	1	
Ligature, silk	gm.	1	
Needle, aneurism	no.	1	
Needle, aneurism, and grooved director	no.	1	
Needle, exploring	no.	1	
Needles, surgeon's	no.	12	
Probe (Nélaton's)	no.	1	
Probe, silver	no.	1	
Scalpel	no.	1	
Scissors	no.	1	
Tenaculum	no.	1	
Tenotome	no.	1	
Wax	piece.	1	

230. CONTENTS OF POCKET CASE, PERSONAL.

(In leather case, with leather or gutta-percha cover.)

This case was formerly part of the "personal set."

Bistoury, curved	no.	1	
Bistoury, curved, probe-pointed	no.	1	
Bistoury, straight	no.	1	
Catheter, jointed, male and female tips	no.	1	
Caustic holder	no.	1	
Director, grooved	no.	1	
Forceps, artery, fenestrated	no.	1	
Forceps, dissecting	no.	1	
Forceps, dressing	no.	1	
Lancet, thumb	no.	1	
Ligature, silk	gm.	1	
Needle, aneurism	no.	1	
Needle, exploring	no.	1	
Needles, surgeon's	no.	9	
Probes	no.	2	
Probe (Nélaton's)	no.	1	
Scalpel	no.	1	
Scissors	no.	1	
Tenaculum	no.	1	
Tenotome	no.	1	
Wax	piece.	1	

231. CONTENTS OF POCKET CASE, POST.

This name will be used when reference is made to the red morocco pocket case with chamois cover issued during the past few years for post use.

The list of contents is the same as that of the aseptic pocket case, but the aneurism and exploring needles, knives, and tenaculum are detachable from the two hard-rubber or ivory handles. Some cases contain a combined needle and fenestrated artery forceps and a hæmostatic forceps; others a plain artery and a dressing forceps.

232. CONTENTS OF POST-MORTEM CASE.

(Handles of saw and of all knives are of ebony; those of costotome, hammer, and tenaculum are of steel. In mahogany box.)

Most of the post-mortem cases now in use are in accordance with the following list.

Blowpipe	no.	1	*Knife, amputating, small*	no.	1
Chain and hooks	no.	1	*Knife, cartilage*	no.	1
Chisel	no.	1	Needles (and thread)	no.	2
Costotome chisel	no.	1	*Saw*	no.	1
Enterotome	no.	1	*Scalpels, assorted*	no.	3
Forceps, dissecting	no.	1	*Scissors, straight*	no.	1
Hammer, steel	no.	1	*Tenaculum*	no.	1
Knife, amputating, large	no.	1			

233. CONTENTS OF DISSECTING CASE.

(In wooden case.)

This case is dropped from the regular list of the Supply Table, as it is practically duplicated by the post-mortem case. Those now on hand will be issued to the smaller posts in lieu of the larger post-mortem case. Its contents are as follows:

Blowpipe	no.	1	*Knife, cartilage*	no.	1
Chain and hooks	no.	1	Needles (and thread)	no.	2
Chisel	no.	1	*Scalpels, assorted*	no.	3
Enterotome	no.	1	*Scissors, straight*	no.	1
Forceps, dissecting	no.	1	*Tenaculum*	no.	1

234. CONTENTS OF STOMACH-PUMP CASE.

(In mahogany case, with lock and key.)

Foot, metal	no.	1	*Pipes, injecting, ivory, straight*	no.	2
Gag, mouth	no.	1	*Pipe guard, rectal*	no.	1
Gag, screw	no.	1	*Pump, brass, with lever*	no.	1
Hose, filling and ejecting	no.	1	*Tube, rectal (O'Beirne's)*	no.	1
Pipe, injecting, ivory, angular	no.	1	*Tube, stomach*	no.	1

235. CONTENTS OF TOOTH-EXTRACTING CASE.

(In leather-covered case, with lock and double handle.)

Elevators (Nos. 6 and 7)	no.	2	*Forceps, upper bicuspid and canine (No. 11)*	no.	1
Forceps, cowhorn (No. 23)	no.	1	*Forceps, upper front root (No. 1)*	no.	1
Forceps, lower bicuspid and canine (No. 21)	no.	1	*Forceps, upper incisor and canine (No. 13)*	no.	1
Forceps, lower incisor and bicuspid (No. 14)	no.	1	*Forceps, upper molar (No. 18)*	no.	1
Forceps, lower molar (No. 15)	no.	1	*Forceps, upper wisdom (No. 10)*	no.	1
Forceps, universal root (No. 7)	no.	1	*Lancet, gum*	no.	1

236. CONTENTS OF CASE OF TRIAL LENSES.

BAUSCH & LOMB.

(In mahogany case, with lock and two keys.)

Twenty pairs spherical convex lenses.
Twenty pairs spherical concave lenses, both from 2 to 160 English inches focus. (D. 20–0.25.)
Eleven cylindrical convex lenses.
Eleven cylindrical concave lenses, both from 8.88 to 160 English inches focus. (D. 4. 50–0.25.)
Six prisms, 2°, 3°, 4°, 5°, 8°, 12°.
Five discs, one white and one ground glass, one plain metal, one metal with hole in center, and one metal with stenopaic slit.
Four colored glasses—red, blue, green, and brown.
One graduated trial frame, No. 3, double cell.
One graduated trial frame, No. 2, double cell, adjustable.

QUEEN.

(In mahogany case, with lock and key.)

Twenty pairs spherical convex lenses.
Twenty pairs spherical concave lenses, both from 2 to 48 inches focus.
Eight cylindrical convex lenses.
Eight cylindrical concave lenses, both from 9 to 72 inches focus.
Five prisms, 2°, 3°, 4°, 5°, 8°.
Three metal discs, one plain, one with hole in center, and one with stenopaic slit.
Four colored glasses—red, blue, green, and brown.
One single lens holder.
One trial frame.

237. INHALER AND VAPORIZER.

This consists of a nickel-plated stand, with boiler, spirit lamp, and detachable handle. There are two attachments, a long inhaler and short deodorizer; both have a reservoir holding sponge saturated with the preparation to be vaporized.

238. MICROSCOPES.

The names of the manufacturer and of the microscope will be noted on all invoices, receipts, and property returns.

THE "UNIVERSAL" MICROSCOPE.

Made by the Bausch & Lomb Optical Company. In two cases, the contents of which are as follows:

Microscope Case. (In upright cherry-wood case, with handle, lock, and extra hook and post fastenings.)		
Stand, "Universal"	no.	1
Glass stage and slide carrier	no.	1
Eyepieces, A and C	no.	2
Eyepiece micrometer	no.	1
Concave and plain mirror	no.	1
Objective, 2-inch	no.	1
Objective, ⅔-inch	no.	1
Objective, ⅙-inch	no.	1
Abbe condenser with iris diaphragm	no.	1
Double nosepiece	no.	1
Iris diaphragm, with substage adapter arranged to take diaphragm or objective	no.	1
Revolving diaphragm	no.	1
Bull's-eye condenser	no.	1
Stage forceps	no.	1
Camera lucida	no.	1
Forceps	no.	1
Glass covers	no.	6
Glass slides	no.	6
Case of Microscopical Accessories. (In cherry-wood case, with handle, lock, and extra hook and post fastenings.)		
Microtome	no.	1
Knife for same, one side flat, in case	no.	1
Syringe, brass, with four pipes and stopcock, in case	no.	1
Turntable, self-centering	no.	1
Glass slides	doz.	4
Glass covers	gms.	30
Carmine	gms.	15
Canada balsam	gms.	30
Balsam bottle	no.	1
Dropping bottle, for oil of cedar	no.	1
Gentian violet	gms.	4
Bismarck brown	gms.	4
Methyl blue	gms.	4
Fuchsin	gms.	4
Aniline oil	c. c.	60
Paraffin	kilo.	¼

NOTES.

Eyepiece A, 2-inch objective gives about 25 diam.
Eyepiece A, ¾-inch objective gives about 50 diam.
Eyepiece A, ⅛-inch objective gives about 210 diam.
Eyepiece A, 1/12-inch objective gives about 570 diam.
Eyepiece C, 2-inch objective gives about 50 diam.
Eyepiece C, ¾-inch objective gives about 100 diam.
Eyepiece C, ⅛-inch objective gives about 420 diam.
Eyepiece C, 1/12-inch objective gives about 1140 diam.

THE "INVESTIGATOR" MICROSCOPE.

Made by the Bausch & Lomb Optical Company, and of which many have been issued, consists of the following:

Microscope Case.			Case of Microscopical Accessories.		
The contents of this case are the same as those of the Universal microscope, the stand alone being of a slightly different pattern.			*Section cutter, with freezing apparatus*	no.	1
			Razor, large, one side flat, with handle, in case	no.	1
			Syringe, 15-c. c., brass, with four pipes and stopcock, in case	no.	1
			Turntable, self-centering	no.	1
			Glass covers	gms.	30
			Glass slides	doz.	4
			Carmine	gms.	15
			Canada balsam	gms.	30
In cases, etc., as above.			*Balsam bottle*	no.	1
			Dropping bottle, for cedar oil	no.	1

THE "CONTINENTAL" MICROSCOPE.

Made by the Bausch & Lomb Optical Company. In one case (upright cherry wood, with handle, lock, and extra hook and post fastenings—no separate case of accessories accompanies this microscope), the contents of which are as follows:

Stand, Universal, BB	no.	1	*Objective, ⅔*	no.	1
Eyepieces	no.	2	*Objective, ⅛*	no.	1
Abbe condenser, with iris diaphragm	no.	1	*Objective, 1/12, oil immersion*	no.	1

239. SURGICAL PUMP.

(In leather bag, with lock and key, and directions for use. Those heretofore issued are of two or three different patterns, and do not exactly correspond to this list.)

Allen's Surgical Pump, No. 12, will in future be supplied, and consists of the following outfit:

Bottles, g. s	no.	2	Dilator, uterine, silk covers for	no.	4
Bottles (vials)	no.	2	*Needles, aspirating*	no.	4
Catheter and connector	no.	1	*Pipe, breast, nipple (glass)*	no.	1
Clamp attachment	no.	1	*Pipes, syringe (ear, postnasal, vaginal, rectal, and uterine)*	no.	5
Cock, two-way, rubber, for injecting	no.	1	*Pump, 9 cm. and tube*	no.	1
Connector tube	no.	1	Pump, extra tube for	no.	1
Connectors with cut-offs	no.	3	*Tampons*	no.	2
Couplings, "Universal"	no.	2	Tampons, extra bags for	no.	4
Cupper, uterine, metal	no.	1	*Trocar, dome*	no.	1
Cupper glasses	no.	5	*Tube, stomach and connector*	no.	1
Dilator, uterine, large	no.	1			
Dilator, uterine, small	no.	1			

240. HYPODERMIC SYRINGE.

These syringes as now issued have as accessories, besides two needles and extra wires (the needles and wires are expendable), one tube of each of the following hypodermic tablets:

Apomorphinæ hydrochloras—mgms—	6	Digitalinum—mgm—	1
Atropinæ sulphas—mgm—	0.65	Morphinæ sulphas—mgms—	8

241. THERMO-CAUTERY, PAQUELIN'S.

(In morocco case.)

An improved pattern has recently been adopted. The contents are the same except that the combustion chamber or lamp is omitted, the modified reservoir for hydrocarbon rendering it unnecessary.

Apparatus, double bulb, for supplying air—no—	1	*Handle, cannulated, ebony*—no—	1
Cautery button—no—	1	*Reservoir for hydrocarbon, nickel-plated*—no—	1
Cautery knife—no—	1	Tube, lengthening—no—	1
Combustion chamber (lamp), nickel-plated—no—	1	Tube, rubber—no—	1

242. TYPEWRITER.

The typewriting machine, as issued, has the following outfit, with printed circular of instructions:

Impression strips (extra)—no—	2	*Screw-driver*—no—	1
*Key for mainspring**—no—	1	*Spools, for ribbons*—pairs—	2
Oil can—no—	1	*Type wheel,* large and small capitals*—no—	1
Oil—bott—	1	*Type wheel, large Roman*—no—	1
Ribbon, copying, indelible†—no—	1	*Type wheel, small Roman*—no—	1
Ribbon, record, black—no—	1		
Ribbon shield (extra)—no—	1		

*The new pattern or remodeled machine has the key for mainspring attached, and a type shuttle is used instead of a type wheel.

†Medical officers to whom typewriting machines have been issued will be particular, by timely requisition, to keep a supply of freshly-inked typewriting ribbons, and to see that the "hammer-spring adjusting nut" on the back of the machine is so set as to secure a forcible impression when each key is struck.

243. VISION-TEST SET.

This set contains—

1. A set of three test cards for use at distances of 13, 16½, and 20 feet, respectively, bearing the test characters.

2. A simple optometer consisting of two lenses, one of 4-inch and the other of 10-inch focal length; a brass holder with graduated bar and sliding test-type holder; six test-type cards, numbered 1, for the measurement of defects of refraction and accommodation, and six type-test cards, numbered 2, for the measurement of astigmatism.

3. A set of test wools for the detection of color-blindness, consisting of three larger skeins of "test colors" (one pale green, one rose color, called purple, and one bright red); and one hundred and forty-four small skeins of "confusion colors," as follows:

Of pure gray, four shades, two skeins of each.

Of the colors named below, eight shades, one skein of each, all wrapped in a piece of muslin 1 meter square.

Hair-brown.	Orange.	Blue, No. 1.
Lion-brown.	Yellow.	Blue, No. 2.
Olive-brown.	Yellow-green.	Violet.
Wood-brown.	Olive-green.	Purple, No. 1 (Rose Victoria).
Pearl-gray.	Green.	Purple, No. 2.
Scarlet.	Blue-green.	

4. A small paper box in which to keep the extra lens and the twelve test-type cards.

5. A pamphlet of directions for using the vision-test set.

6. A painted tin box containing all the foregoing.

The cases named in the following list, viz, amputating, exsecting, general operating, and trephining, formed the "personal set" issued to medical officers prior to 1868. Upon the adoption in the latter year of the personal set until recently issued individually to medical officers the former cases were transferred to hospitals as post cases of instruments, and a considerable number are still in use.

244. CONTENTS OF AMPUTATING CASE.

(In mahogany case.)

Catlin, long	no.	1	*Needle, aneurism*	no.	1
Catlin, small	no.	1	Needles, surgeon's	no.	12
Forceps, artery, spring-catch	no.	1	*Saw, bow, two blades*	no.	1
Forceps, bone (nippers)	no.	1	*Saw, metacarpal*	no.	1
Knife, amputating, long	no.	1	*Scalpel*	no.	1
Knife, amputating, medium	no.	1	*Tenaculum*	no.	1
Knife, amputating, small	no.	1	*Tourniquet, screw, with pad*	no.	1
Ligature, silk	gms.	2	Wax	piece.	1

245. CONTENTS OF EXSECTING CASE.

(In mahogany case, with gutta-percha cover.)

Chisel	no.	1	*Gouge*	no.	1
Eraseur, chain	no.	1	*Knife, lenticular*	no.	1
Forceps, bone, gouge	no.	2	*Retractors*	no.	2
Forceps, bone, long	no.	1	*Saw, chain*	no.	1
Forceps, sequestrum	no.	1	*Trephine*	no.	1

246. CONTENTS OF GENERAL OPERATING CASE.

This set consists of two mahogany boxes with locks and keys, carried in a leather or heavy gutta-percha pouch, and containing the following:

Box No. 1.			
Bistoury, curved	no.	1	
Bistoury, curved, probe-pointed	no.	1	
Bistoury, straight	no.	1	
Catlin	no.	1	
Forceps, bullet	no.	1	
Forceps, dissecting	no.	1	
Forceps, dressing, curved	no.	1	
Forceps, œsophageal	no.	1	
Hook, double	no.	1	
Knife, amputating, small	no.	1	
Knife, hernia	no.	1	
Needle, aneurism, handle and four tips	no.	1	
Needle, cataract	no.	1	
Needle, key, artery	no.	1	
Needles, surgeon's	no.	12	
Saw, movable back	no.	1	
Scissors, curved	no.	1	
Scissors, straight	no.	1	
Scalpels	no.	3	
Tenaculum	no.	1	
Tourniquet, field	no.	1	
Trocar and cannula, straight	no.	1	
Box No. 2.			
Catheters, metallic	no.	3	
Sounds, metallic, double-curve	no.	6	

247. CONTENTS OF TREPHINING CASE.

(In small mahogany box.)

Elevator	no.	1	*Trephine, brushes for*	no.	2
Saw (Hey's)	no.	1	*Trephine, conical*	no.	1
Scalpel and raspatory	no.	1	*Trephine, handle for*	no.	1

248. BACTERIOLOGICAL SET.

Apparatus, filling, and stand	no.	1	Platinum wire, medium, 10-cm	pieces.	6
Baskets, wire, for sterilizer	no.	4	*Regulator, gas (Reichert's)*	no.	1
Bath, tripod for	no.	1	*Sterilizer, hot-air, cm. 38 x 28 x 25.5*	no.	1
Dishes, double (Petri's)	no.	12	*Syringe, sterilizable (Koch's), 1-c. c*	no.	1
Filters (Pasteur's), mounted in flask	no.	1	*Test measure, footed, 10-c. c*	no.	1
Flasks (Erlenmeyer's), 236-c. c	no.	12	*Test tube, bath for, copper*	no.	1
*Incubator, lead-lined, cm. 45.5 x 21.5 x 30.5**	no.	1	Test tubes, thin glass, 15-cm. x 18 mm. bore	no.	300
Micro-burner, 1 flame	no.	1	*Thermometers, 0-50° C*	no.	2
Paper, filtering (Swedish)	qrs.	2	*Thermometer, 0-200° C*	no.	1
Pipettes, 1-c. c	no.	2			
Platinum wire, heavy, 10-cm	pieces.	3			

* At stations where there is no gas an incubator, to be heated by petroleum flame, may be obtained upon application.

249. CHEMICAL SET.

Chemicals.					
Acid, arsenous As_2O_3	grams.	50	Ammonium molybdate $(NH_4)_2MoO_4$	grams.	50
Acid, oxalic, $H_2C_2O_4 2H_2O$	grams.	100	Anilin $C_6H_5NH_2$	grams.	50
Alcohol, ethylic, abs. C_2H_5OH	grams.	100	Barium chlorid, $BaCl^2 \cdot 2H_2O$	grams.	50
			Calcium carbonate, $CaCo_3$	grms.	50

CHEMICAL SET—Continued.

Chemicals—Continued.	
Calcium chlorid, $CaCl_2$ ---grams	50
Ferrous sulfid FeS ---grams	100
Potassium dichromate, $K_2Cr_2O_7$ ---grams	100
Potassium cyanid, KCN ---grams	50
Potassium ferricyanid, $K_6Fe(CN)_{12}$ ---grams	25
Potassium ferrocyanid, $K^4Fe(CN)_6 3H_2O$ ---grams	25
Potassium hydrate, KOH-grams	200
Potassium sulphocyanate, KSCN ---grams	50
Sodium phosphate, dry, Na_2HPO_4 ---grams	50
Sodium hydrate, NaOH---grams	200
Sodium thiosulphate, $Na_2S_2O_5H_2O$ ---grams	100
Stannous chlorid, $SnCl_2 2H_2O$ ---grams	50
Uranic nitrate, $UO_2(NO_3)_2 6H_2O$ ---grams	50
Methyl orange, $NH_4C_{14}H_{14}N_3SO_3$ ---grams	10
Naphthylamine, $C_{10}H_7NH_2$ ---grams	5
Phenolphthalein, $C_{20}H_{14}O_4$ ---grams	10
Apparatus.	
Beakers, 100–200 c. c ---no	6
Bottles, g.s.n. m. 50, 100, 200 c.c---no	24
Burettes ---no	2
Burette clips ---no	4
Capsules, porcelain, nest of six ---nest	1
Capsules, porcelain, 100-c. c---no	6
Capsules, porcelain, 250-c. c---no	3
Corks, india rubber, perforated ---doz	1
Crucibles, porcelain, conical---no	4
Filters, cut, white (in packs of 100)---pkgs	3
Flasks, flat-bottomed, with lip---no	6
Flasks, round-bottomed, long neck ---no	2
Flasks, Schuster's, stoppered---no	6
Forceps, small---no	1
Funnel tubes---no	2
Funnels, glass---no	2
Glasses, Nessler, 50-c. c---no	6
Pipe, block tin, 9-mm., for condensing distilled water, meters	6
Pipettes, 10-c. c ---no	2
Pipette, 25-c. c---no	1
Pipette, 10-c. c., graduated---no	1
Platinum, crucible, 30-c. c---no	1
Retorts, 1-liter, stoppered---no	2
Rods, glass---no	12
Spatulas or spoons, porcelain---no	2
Still, copper, 2-liter---no	1
Stopcocks for rubber tubing---no	2
Test glasses, footed---no	12
Tubes, Ca Cl---no	2
Tubes, U---no	3
Wash bottle---no	1
Watch glasses---no	6
Water bath for drying---no	1
Miscellaneous.	
Aluminium foil---grams	15
Copper foil---grams	25
Glass, blue---sq. cm	9
Iron wire---grams	50
Platinum foil---sq. cm	20
Wire gauze---sq. cm	50
Zinc foil---sq. cm	20
Zinc, granulated ---grams	100

250. LIST OF BOOKS CONTAINED IN WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

By years, 1879 to 1887, inclusive.

1879.

Diseases of Children---Ellis.
Diseases of the Intestines and Peritoneum [Various authors.]
Diseases of the Liver, 3 vols---Frerichs.
Diseases of the Nervous System, 2 vols. Rosenthal.
Diseases of Women---Tait.
Infant Feeding---Routh.
Manual of Surgery---Clarke.
Materia Medica and Therapeutics---Phillips.
Rest and Pain---Hilton.

1880.

Diagnosis and Treatment of Ear Diseases. Buck.
Female Pelvic Organs---Savage.
Foreign Bodies in Surgery, 2 vols---Poulet.
Functional Nervous Diseases---Putzel.
Handbook of Physical Diagnosis---Guttman.
Minor Surgical Gynæcology---Munde.
Pharynx, Larynx, and Trachea---Mackenzie.
Treatise on Therapeutics, 3 vols---Trousseau.
Venereal Diseases---Keyes.

246. CONTENTS OF GENERAL OPERATING CASE.

This set consists of two mahogany boxes with locks and keys, carried in a leather or heavy gutta-percha pouch, and containing the following:

Box No. 1.			
Bistoury, curved	no.	1	
Bistoury, curved, probe-pointed	no.	1	
Bistoury, straight	no.	1	
Catlin	no.	1	
Forceps, bullet	no.	1	
Forceps, dissecting	no.	1	
Forceps, dressing, curved	no.	1	
Forceps, œsophageal	no.	1	
Hook, double	no.	1	
Knife, amputating, small	no.	1	
Knife, hernia	no.	1	
Needle, aneurism, handle and four tips	no.	1	
Needle, cataract	no.	1	
Needle, key, artery	no.	1	
Needles, surgeon's	no.	12	
Saw, movable back	no.	1	
Scissors, curved	no.	1	
Scissors, straight	no.	1	
Scalpels	no.	3	
Tenaculum	no.	1	
Tourniquet, field	no.	1	
Trocar and cannula, straight	no.	1	
Box No. 2.			
Catheters, metallic	no.	3	
Sounds, metallic, double-curve	no.	6	

247. CONTENTS OF TREPHINING CASE.

(In small mahogany box.)

Elevator	no.	1	*Trephine, brushes for*	no.	2
Saw (Hey's)	no.	1	*Trephine, conical*	no.	1
Scalpel and raspatory	no.	1	*Trephine, handle for*	no.	1

248. BACTERIOLOGICAL SET.

Apparatus, filling, and stand	no.	1	Platinum wire, medium, 10-cm	pieces.	6
Baskets, wire, for sterilizer	no.	4	*Regulator, gas (Reichert's)*	no.	1
Bath, tripod for	no.	1	*Sterilizer, hot-air, cm. 38 x 28 x 25.5*	no.	1
Dishes, double (Petri's)	no.	12	*Syringe, sterilizable (Koch's), 1-c. c*	no.	1
Filters (Pasteur's), mounted in flask	no.	1	*Test measure, footed, 10-c. c*	no.	1
Flasks (Erlenmeyer's), 236-c. c	no.	12	*Test tube, bath for, copper*	no.	1
*Incubator, lead-lined, cm. 45.5 x 21.5 x 30.5**	no.	1	Test tubes, thin glass, 15-cm. x 18 mm. bore	no.	300
Micro-burner, 1 flame	no.	1	*Thermometers, 0-50° C*	no.	2
Paper, filtering (Swedish)	qrs.	2	*Thermometer, 0-200° C*	no.	1
Pipettes, 1-c. c	no.	2			
Platinum wire, heavy, 10-cm	pieces.	3			

* At stations where there is no gas an incubator, to be heated by petroleum flame, may be obtained upon application.

249. CHEMICAL SET.

Chemicals.					
Acid, arsenous As_2O_3	grams.	50	Ammonium molybdate $(NH_4)_2MoO_4$	grams.	50
Acid, oxalic, $H_2C_2O_4 2H_2O$	grams.	100	Anilin $C_6H_5NH_2$	grams.	50
Alcohol, ethylic, abs. C_2H_5OH	grams.	100	Barium chlorid, $BaCl^2$-$2II_2O$	grams.	50
			Calcium carbonate, $CaCo_3$	grms.	50

CHEMICAL SET—Continued.

Chemicals—Continued.	
Calcium chlorid, $CaCl_2$ ---grams	50
Ferrous sulfid FeS ---grams	100
Potassium dichromate, $K_2Cr_2O_7$ ---grams	100
Potassium cyanid, KCN ---grams	50
Potassium ferricyanid, $K_6Fe(CN)_{12}$ ---grams	25
Potassium ferrocyanid, $K^4Fe(CN)_6 3H_2O$ ---grams	25
Potassium hydrate, KOH grams	200
Potassium sulphocyanate, KSCN ---grams	50
Sodium phosphate, dry, Na_2HPO_4 ---grams	50
Sodium hydrate, NaOH ---grams	200
Sodium thiosulphate, $Na_2S_2O_5H_2O$ ---grams	100
Stannous chlorid, $SnCl_2 2H_2O$ ---grams	50
Uranic nitrate, $UO_2(NO_3)_2 6H_2O$ ---grams	50
Methyl orange, $NH_4C_{14}H_{14}N_3SO_3$ ---grams	10
Naphthylamine, $C_{10}H_7NH_2$ ---grams	5
Phenolphthalein, $C_{20}H_{14}O_4$ ---grams	10

Apparatus.	
Beakers, 100–200 c. c ---no	6
Bottles, g.s.n. m. 50, 100, 200 c.c ---no	24
Burettes ---no	2
Burette clips ---no	4
Capsules, porcelain, nest of six ---nest	1
Capsules, porcelain, 100-c. c ---no	6
Capsules, porcelain, 250-c. c ---no	3

Corks, india rubber, perforated ---doz	1
Crucibles, porcelain, conical ---no	4
Filters, cut, white (in packs of 100) ---pkgs	3
Flasks, flat-bottomed, with lip ---no	6
Flasks, round-bottomed, long neck ---no	2
Flasks, Schuster's, stoppered ---no	6
Forceps, small ---no	1
Funnel tubes ---no	2
Funnels, glass ---no	2
Glasses, Nessler, 50-c. c ---no	6
Pipe, block tin, 9-mm., for condensing distilled water, meters	6
Pipettes, 10-c. c ---no	2
Pipette, 25-c. c ---no	1
Pipette, 10-c. c., graduated ---no	1
Platinum, crucible, 30-c. c ---no	1
Retorts, 1-liter, stoppered ---no	2
Rods, glass ---no	12
Spatulas or spoons, porcelain ---no	2
Still, copper, 2-liter ---no	1
Stopcocks for rubber tubing ---no	2
Test glasses, footed ---no	12
Tubes, Ca Cl ---no	2
Tubes, U ---no	3
Wash bottle ---no	1
Watch glasses ---no	6
Water bath for drying ---no	1

Miscellaneous.	
Aluminium foil ---grams	15
Copper foil ---grams	25
Glass, blue ---sq. cm	9
Iron wire ---grams	50
Platinum foil ---sq. cm	20
Wire gauze ---sq. cm	50
Zinc foil ---sq. cm	20
Zinc, granulated ---grams	100

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Pharynx, Larynx, and Trachea—Mackenzie.
Treatise on Therapeutics, 3 vols—Trousseau.
Venereal Diseases—Keyes.

LIST OF BOOKS CONTAINED IN WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS—Continued.

1881.

A Medical Formulary—Johnson.
Artificial Anæsthesia and Anæsthetics.—Lyman.
A Treatise on Albuminuria—Dickinson
Diseases of the Bladder—Coulson.
Diseases of the Eye—Noyes.
Diseases of the Joints—Barwell.
Diseases of Old Age—Charcot and Loomis.
Food and Dietetics—Pavy.
General Medical Chemistry—Witthaus.
Handbook of Uterine Therapeutics—Tilt.
Materia Medica and Therapeutics of the Skin.—Piffard.
The Continued Fevers—Wilson.

1882.

Asthma—Salter.
Diseases of the Rectum and Anus—Kelsey.
Illustrations of Dissections, 2 vols.—Ellis and Ford.
Lectures on Diseases of Children—Henoch.
Legal Medicine, 2 vols—Tidy.
Materia Medica and Therapeutics, 2 vols.—Phillips.
Mental Pathology and Therapeutics.—Griesinger.
Practical Medical Anatomy—Ranney.
Rheumatism, Gout, and Allied Diseases.—Longstreth.

1883.

A Text-book of Pathological Anatomy, vol. 1.—Ziegler.
Diseases and Injuries of the Horse—Kirby.
Diseases of Women—Fritsch.
Handbook of Electro-Therapeutics—Erb.
Hereditary Syphilis—Diday and Sturgis.
Manual of Gynæcology, 2 vols.—Hart and Barbour.
Manual of Practical Hygiene, 2 vols.—Parkes.
The Microscope and its Revelations, 2 vols.—Carpenter.
Treatment of Wounds—Pilcher.

1884.

A Text-book of Pathological Anatomy, vol 2.—Ziegler.
Diseases of the Heart—Paul.
Diseases of Urinary and Male Sexual Organs—Belfield.
Hooper's Physician's Vade Mecum, 2 vols.—Hooper.
Legal Medicine, vol. 3—Tidy.
Malaria and Malarial Diseases—Sternberg.
Medical Botany of North America—Johnson.
Œsophagus, Nose, and Naso-Pharynx.—Mackenzie.
Pathology and Treatment of Gonorrhœa.—Milton.
Practical Manual of Obstetrics.—Verrier and Partridge.
Therapeutics of the Respiratory Passages.—James.

1885.

Asiatic Cholera—Wendt.
Climatology and Mineral Waters—Bell.
Diseases of the Brain and Spinal Cord.—Gowers.
Diseases of the Lungs—See.
Epilepsy—Gowers.
Handbook of Physiology, 2 vols—Kirke.
Human Osteology—Holden.
Poisons: Their Effects and Antidotes, 2 vols.—Blyth.
Renal and Urinary Affections—Dickinson.
Wasting Diseases of Infants and Children.—Smith.

1886.

Blood, Nutrition, and Infectious Diseases.—Eichhorst.
Diseases of the Circulatory and Respiratory Apparatus—Eichhorst.
Diseases of the Digestive, Urinary, and Sexual Apparatus—Eichhorst.
Diseases of the Lungs and Pleuræ—Powell.
Diseases of the Nerves, Muscles, and Skin.—Eichhorst.
Diseases of the Spinal Cord—Bramwell.
Diseases of the Stomach, Intestines, etc.—Dujardin-Beaumetz.
Electrolysis—Amory.
Hippocrates, Works of, 2 vols—Adams.
Insanity—Blanford.
Rheumatism—Maclagan.

1887.

A Text-book of Pathological Anatomy, vol. 3.—Ziegler.

This volume was published in 1887 to complete the work, and is the last volume of the "Library."

251. CONTENTS OF TOOL CHEST.

(In chest with hasp hinges, corners with angle irons, handle on each end, lock and key.)

1 awl, brad, and handle, 1 by $\frac{1}{16}$ inch wide.
1 awl, brad, and handle, $1\frac{1}{2}$ by $\frac{3}{16}$ inch wide.
1 awl, brad, and handle, 2 by $\frac{3}{16}$ inch wide.
1 awl, scratch, cast steel, 8-inch.
1 bit, auger, cast steel, $\frac{1}{4}$-inch.
1 bit, auger, cast steel, $\frac{3}{4}$-inch.
1 bit, auger, cast steel, 1-inch.
1 bit, gimlet, double cut, No. 1, cast steel.
1 bit, gimlet, double cut, No. 2, cast steel.
1 bit, gimlet, double cut, No. 3, cast steel.
1 bit, screw-driver, extra cast steel, polished.
1 brace, Spofford's nickel, improved, 7-inch sweep.
1 chalk line, soft, with reel and awl, complete.
1 chisel, firmer, cast-steel socket, $\frac{1}{2}$-inch.
1 chisel, firmer, cast-steel socket, 1-inch.
1 chisel, firmer, cast-steel socket, $1\frac{1}{2}$-inch.
1 divider, with set screw, solid cast steel, 8-inch.
1 drawing knife, carpenter's, oval blade, 10-inch.
1 file, handsaw, with handle, 3 inches long.
1 file, handsaw, with handle, 4 inches long.
1 file, handsaw, with handle, $4\frac{1}{2}$ inches long.
1 file, bastard, flat, with handle, 10 inches long.
1 gimlet, double cut, wooden handle, No. 1.
1 gimlet, double cut, wooden handle, No. 2.
1 gimlet, double cut, wooden handle, No. 3.
1 gauge, marking, beechwood, with set screw.
1 hammer, nail, adz-eye, cast steel.
1 hatchet, shingling.
1 mallet, carpenter's, mortised handle, 5 inches long.
1 nail puller, large.
1 nail set, square, polished, solid cast steel, 4-inch.
1 nails, box of, steel wire, assorted ("Solomon Gundy").
1 nippers, plier and cutting, combined, 6-inch.
1 oiler, zinc, No. 2.
1 oilstone (Washita), $1\frac{1}{2}$ lbs.
1 pinchers, carpenter's, steel jaw, 10-inch.
1 plane, fore, double iron.
1 plane, jack, double iron.
1 plane, rabbet, double iron.
1 plane, smoothing, double iron.
1 plane, hollow, No. 10.
1 plane, rounding, No. 10.
1 rasp, wood, oval, with handle, 10 inches long.
1 rule, boxwood, square joints, 8ths and 16ths, 1 inch wide, 2-foot.
1 saw, hand, 26-inch.
1 saw, panel, 16-inch.
1 saw, rip.
1 screw-driver, solid cast steel, 3-inch.
1 screw-driver, solid cast steel, 5-inch.
1 screw, hand, 8-inch.
1 screw wrench, wrought bar, 10-inch.
1 spirit level, pocket, iron top plate, japanned.
1 spokeshave, wood, 3-inch.
1 try square, rosewood, graduated, steel blade, 9-inch.
1 vise, bench, and iron.

252. CONTENTS OF HOSPITAL-CORPS POUCH.

Ammoniæ spiritus aromaticus, in flask with cup ——— c. c.	60	First-aid packets ——— no.	6
Bandages, gauze, sterilized —— no.	6	*Jackknife and saw blade* ——— no.	1
Case, containing pins, common and safety, *scissors and dressing forceps* ——— no.	1	*Rubber bandage* ——— no.	1
		Splints, wire gauze for, in roll ——— yd.	1
		Surgical plaster ——— spool.	1

253. CONTENTS OF ORDERLY POUCH.

Ammoniæ spiritus aromaticus, in flask with cup ——— c. c.	60	Ligatures, catgut, assorted ——— bott.	1
Antiseptic tablets ——— bott.	1	Mist, chloroformi et opii, in case ——— c. c.	30
Bandages, roller ——— no.	6	Pins, common and safety, of each ——— paper.	1
Case, pocket ——— no.	1	*Rubber tourniquet* ——— no.	1
Chloroformum, in case ——— gms.	100	*Scissors* ——— no.	1
Catheters, Eng., rubber, in box — no.	1	Splints, wire gauze for, in roll — yd	1
Diagnosis tags and pencil — book.	1	Surgical plaster ——— spool.	1
First-aid packets ——— no.	4	*Syringe, hypodermic* ——— no.	1
Gauze, plain, 1-yd. pieces ——— no.	4	*Tray* ——— no.	1
Jackknife, with saw blade ——— no.	1		

NOTE.—Syringe, hypodermic, contains tablets of morphiæ sulph., strychnina, apomorphia, and digitalinum.

Pocket case contains in pocket, surgeon's needles, silver wire, silk and silkworm gut ligatures.

254. CONTENTS OF MEDICAL CHEST, U. S. ARMY (No. I).

A list of contents is stamped on morocco pad, which is carried, reversed, under the cover of chest.

Contents of Tray.

Left of Tray.
Tablets in 120-c. c. bottles.

Acetanilidum	mgms.	200
Camphora et opium		
Carminativæ		
Catharticæ compositæ		
Copaibæ compositæ		
Ipecacuanha et opium	mgms.	324
Linimentum rubefaciens		
Magnesii sulphas, in bulk (2 botts.)		
Mistura glycyrrhizæ comp		
Potassii bromidum	mgms.	324
Quininæ sulphas (2 botts)	mgms.	200
Sodii bicarbonas	mgms.	324
Sodii bicarb. et menthæ pip		
Sodii salicylas	mgms.	324

Front of Tray.
Tablets in 15-c. c. bottles.

Acidum arsenosum	mgm.	1
Argenti nitras fusus	grams.	15
Capsicum	mgms.	32
Cupri arsenis	mgm.	0.325
Digitalis tinctura	c. c.	0.8
Ferri compositæ		
Hydrargyri iodidum flavum	mgms.	10
Ergotinum	mgms.	130
Oleum tiglii	c. c.	0.006
Podophylli resina	mgms.	16
Santoninum	mgms.	32

And 2 empty bottles.

Back of Tray.
In 235 and 475 c. c. bottles.

Alcohol	bott.	1
Aqua ammoniæ	bott.	1
Chloroformum	botts.	2
Oleum terebinthinæ	bott.	1
Spiritus frumenti	bott.	1
Spiritus vini gallici	botts.	2

Center of Tray.

Envelopes, small, for tablets	no.	100
Graduate glass, 60-c. c	no.	1
Labels for vials	no.	50
Measure, graduated, 5-c. c	no.	1
Ointment boxes, in nests of three	nests.	4
Pocket store	no.	1
Tumbler	no.	1
Vials, 60-c. c	no.	10

Right of Tray.
Tablets in 60-c. c. bottles.

Acidum boricum	mgms.	324
Acidum tannicum	mgms.	324
Aconiti tinctura	c. c.	0.1
Alumen	mgms.	324
Ammonii chloridi trochisci		
Antipyrinum	mgms.	324
Bismuthi subnitras	mgms.	324
Chloral	mgms.	324
Hydrarg. chl. mite cum sodio bicarb		
Hydrargyri massa	mgms.	324
Ipecacuanha	mgms.	65
Morphinæ sulphas	mgms.	8
Opium	mgms.	65
Phenacetinum	mgms.	324
Plumbi acetas	mgms.	130
Potassii chloras	mgms.	324
Potassii iodidum	mgms.	324
Salol	mgms.	324
Zinci sulphas	mgms.	324

And 1 empty bottle.

Contents of Drawers.

Drawer No. 1.
Hypodermic Tablets.

Apomorphinæ hydrochloras	mgms.	6
Atropinæ sulphas	mgm.	0.65
Cocainæ hydrochloras	mgms.	10
Digitalinum	mgm.	1
Morphinæ sulphas	mgms.	8
Nitroglycerinum	mgm.	0.65
Quininæ hydrochloras	mgms.	32

And 1 empty bottle.

Ophthalmic Discs.

Atropinæ sulphas, 0.13 mgm., 50 in box	box.	1
Physostigminæ sulphas, 0.0324 mgm., 50 in box	box.	1

Miscellaneous.

Caustic holder, rubber	no.	1
Corkscrew, folding	no.	1
Medicine droppers	no.	2
Pencil, indelible	no.	1
Pencil, indelible, leads for	no.	6
Pencils, camel's-hair	no.	12
Syringe, hypodermic	no.	1
Thermometer, clinical	no.	1
Tongue depressor	no.	1

CONTENTS OF MEDICAL CHEST, U. S. ARMY (No. 1)—Cont'd.

Contents of Drawers—Cont'd.	
Drawer No. 2.	
Bandages, suspensory—no.	5
Flannel, red—meter.	1
Jute, or equivalent, in 100-gm. pkgs—pkgs.	4
Syringe, rubber, self-injecting—no.	1
Drawer No. 3.	
Book, prescription—no.	1
Forceps, dressing, for removing cotton—no.	1
Index of Medicine (Carpenter)—copy	1
Plaster, blistering—meter.	1
Plaster, mustard—meters.	4
Reagent case—no.	1
Scissors—no.	1
Spatula—no.	1
Spoon, tea—no.	1
Stethoscope, h. r—no.	1
Syringes, p., h. r—no.	5
Syringe, p., g., in wooden case—no.	3
Tags, diagnosis—book.	1
Towels—no.	2
Drawer No. 4.	
Beef extract, in 100-gm. tins—tins.	5
Jute, or equivalent, 100-gm. pkgs—pkgs.	6
Drawer No. 5.	
Bandages, roller, assorted—no.	30
Cotton, absorbent, 100-gm. pkgs—pkgs.	4
Soap, castile—gms.	225
Drawer No. 6.	
Æther, in 100-gm. tins—tins.	4
Candles—no.	15
Corks, for æther cans—no.	6
Corks, extra, for bottles—no.	6
Cupping tins—no.	4
Links, split, for pack saddle—no.	4
Drawer No. 7.	
Gauze, plain, 2-meter packages—pkgs.	4
Lint, absorbent, 100-gm. pkgs—pkgs.	4

255. CONTENTS OF SURGICAL CHEST, U. S. ARMY (No. 2).

A list of contents is stamped on morocco pad, which is carried, reversed, under the cover of the chest.

Contents of Tray.	
Tablets in 120-c. c. Bottles.	
Acidum boricum—mgms.	324
Antiseptic (2 bottles)	
Catharticæ compositæ	
Opium—mgms.	65
Potassii bromidum—mgms.	324
In 235-gm. Bottles.	
Acidum carbolicum—bott.	1
Chloroformum—botts.	2
Glycerinum—bott.	1
Opii tinctura—bott.	1
Spiritus frumenti—botts.	2
Æther, in 100-gm. tins—tins.	5
Bucket, folding, canvas—no.	1
Catheters, flexible—no.	6
Corks, for æther cans—no.	6
Corks, extra, for bottles—no.	6
Dressing paper—roll.	1
Felt for splints—pieces.	2
Muslin—meters.	3
Petrolatum—kilo.	½
Pocket case, aseptic—no.	1
Razor strop—no.	1
Tumbler—no.	1
Contents of Drawers	
Drawer No. 1.	
Bandages, rubber—no.	1
Brush, nail—no.	1
Gauze, plain—meters.	2
Goggles—no.	2
Iodoform sprinkler—no.	1
Ligature, catgut, sterilized spools.	2
Ligature, silkworm gut—coil.	1
Ligature, silk—gms.	15
Needles, thread, etc., in case—case.	1
Pencil, indelible, leads for—no.	3
Pins, common—paper.	1
Pins, safety, assorted—doz.	4
Speculum, for ear and nose—no.	1
Tape—piece.	1
Tape measure—no.	1
Tourniquet (Esmarch's)—no.	1

CONTENTS OF SURGICAL CHEST, U. S. ARMY (No. 2)—Cont'd.

Drawer No. 2.		
Case, tooth-extracting	no.	1
Cotton, absorbent	pkgs.	2
Drainage tubes, rubber	meters.	3
Links, split, for pack saddle	no.	4
Plaster, adhesive, 15-mm.	spools.	4
Plaster, adhesive, 30-mm.	spool.	1
Sponges, in bags	bags.	2
Syringe, fountain	no.	1
Tags, diagnosis	book.	1
Drawer No. 3.		
Bandages, roller	doz.	3
Bandages, suspensory	no.	2
Beef extract, in 100-gm. tins	tins.	1
Brush, shaving	no.	1
Cotton, absorbent	pkgs.	2
Measure, graduated, 5-c. c.	no.	1
Medicine measuring glass	no.	1
Needles, sail	no.	1
Needle holder (Tiemann's)	no.	1
Needle, upholsterer's	no.	1
Pencil, indelible	no.	1
Plaster, isinglass	meters.	9
Razor	no.	1
Scissors	no.	1
Surgery, operative, (Smith's)	copy.	1
Syringes, p., h. r.	no.	2
Tool, universal	no.	1
Drawer No. 4.		
Bandages, flannel	no.	4
Bandages, roller	doz.	1
Emergency case, complete	no.	1
Drawer No. 5.		
Gauze, plain	meters.	4
Jute, or equivalent, 100-gm. pkgs.	pkgs.	6
Lantern, small	no.	1
Soap, castile	gms.	225
Drawer No. 6.		
Bandages, roller	no.	6
Hæmostatic forceps, in case	no.	12
Towels	no.	2
Trays, for instruments	no.	2

256. CONTENTS OF MESS CHEST (No. 3).

Basin, wash, hand, agate ware	no.	1
Boiler, double, agate ware	no.	1
Bowls, soup, agate ware	no.	6
Box for salt	no.	1
Box for pepper	no.	1
Brush, scrubbing	no.	1
Can openers	no.	2
Cleaver	no.	1
Cookbook, Army	no.	1
Cups, coffee, agate ware	no.	6
Cup, large, agate ware	no.	1
Dipper, agate ware	no.	1
Grater, nutmeg	no.	1
Gridiron	no.	1
Hatchet	no.	1
Kettles, steel, nested, with covers	no.	3
Knife, butcher	no.	1
Knife and fork, carving, of each	no.	1
Knife and saw, combined	no.	1
Knives and forks, of each	no.	6
Ladle, agate ware	no.	1
Lantern, candle	no.	1
Matches, in *waterproof case,* boxes.		12
Meat cutter, small	no.	1
Meat dishes, agate ware	no.	2
Mill, coffee	no.	1
Nails, assorted	kilos.	2
Pan, frying, steel	no.	1
Pans, mess, agate ware	no.	2
Pan, sauce, steel, tinned inside, with cover	no.	1
Plates, dinner, agate ware	no.	6
Pot, coffee, agate ware	no.	1
Pot, tea, agate ware	no.	1
Rope, 6-mm.	meters.	15
Sickle	no.	1
Spoon, basting, agate ware	no.	1
Spoons, table	no.	6
Spoons, tea	no.	6
Steel	no.	1
Towels, crash	no.	6
Tray, metal, japanned	no.	1
Tumblers, agate ware	no.	6
Wire	coil.	1

257. CONTENTS OF FOOD CHEST (No. 4).

Beef extract or an equivalent preparation.
Candles.
Condensed milk, in original cans, 4 kilos.
Soap.
Vinegar, in 1-liter wicker-covered bottles, 2 bottles.
Yeast powder, in ¼-kilo. original cans.

Tins for the following articles:

Beans.
Butter.
Coffee.
Salt and pepper.
Sugar (2 tins).
Tea.

258. CONTENTS OF COMMODE CHEST (No. 5).

Bedpan, agate ware	no. 1	*Spit cup, agate ware*	no. 1
Chamber pot, agate ware	no. 1	*Urinal, agate ware*	no. 1
Paper, toilet	pkgs. 6		

259. CONTENTS OF FIELD DESK (No. 6).

Books.		Blanks.	
Army Regulations	copy. 1	MEDICAL DEPARTMENT.	
Drill Regulations for the Hospital Corps	copy. 1	Examination of recruits, monthly report	no. 4
Handbook for the Hospital Corps, Smart	copy. 1	Hospital-fund statement	no. 4
Information slip book	copy. 1	Medical property, return of	no. 2
Information slip book, desertions	copy. 1	Medical supplies, invoice of, single sheet	no. 6
Morning Report, Hospital Corps	copy. 1	Medical supplies, receipt for, single sheet	no. 6
Morning Report, sick and wounded	copy. 1	Medical supplies, special requisition for	no. 8
Order and letter book	copy. 1	Report of sick and wounded	no. 12
Register and prescription book	copy. 1	Report of completed cases	no. 12
Manual for the Medical Department	copy. 1	Return of personnel, etc., H. C	no. 6
Transfer book	copy. 1	SUBSISTENCE DEPARTMENT.	
Stationery.		Ration returns	no. 12
		ORDNANCE DEPARTMENT.	
Book, blank, 8 mo	no. 1	Invoices	no. 2
Elastic bands, assorted	gross. ½	Quarterly statements	no. 2
Envelopes, official, large	no. 12	Receipts	no. 2
Envelopes, official, letter	no. 50		
Envelopes, official, note	no. 25	ADJUTANT-GENERAL'S DEPARTMENT.	
Eraser, steel	no. 1		
Ink, black	botts. 2		
Ink, red	bott. 1		
Inkstands	no. 2	Certificates of disability	no. 2
Mailing tubes	no. 4	Descriptive lists	no. 2
Pad, letter	no. 1	Discharges	no. 2
Pads, prescription	no. 4	Final statements	no. 4
Paper, blotting	pieces q. s.	Furloughs	no. 2
Paper fasteners	no. 12	Inventory of effects of deceased soldiers	no. 2
Paper, writing, legal cap	qr. 1	Muster rolls	no. 8
Paper, writing, letter	qrs. 2	Outline-figure cards	no. 6
Paper, writing, note	qr. 1	Pay rolls	no. 12
Pencils, lead	no. 4	Physical examination of recruits, form for	no. 6
Pens, steel	no. 12	Surgeon's certificate of disability for officers	no. 2
Penholders	no. 2		
Rubber	piece. 1		
Ruler	no. 1		

In food chest (No. 4) considerable vacant space is left in order to allow latitude to each medical officer as to the exact character of the supplies he may wish to carry.

The printed plan inside the cover gives the general arrangement.

Tins labeled "cornstarch," "chocolate," and "arrowroot," are included, although not mentioned in the official list of contents, as it is thought that they may contain articles of more general use.

260. FOLDING FIELD FURNITURE.

A set consists of—

Chair, arm, folding—no.	1	*Table, mess, folding*—no.	1
Chairs, small, folding—no.	10	*Tables, bedside, folding*—no.	10
Cots, adjustable, folding—no.	10		

261. PACK SADDLE.

The new pack saddle, issued for use with the medical and surgical chests, at present consists of—

1 tree, with pads and latigos.
1 breast strap.
1 breeching harness.
1 crupper.
2 girths.
2 ropes, leather-tipped.
1 surcingle.
1 halter and watering bridle (complete).
2 saddle blankets.
2 canvas covers for medical and surgical chests.
4 split links are carried in each medical and surgical chest for attaching them at varying heights to the pack saddle.

262. OUTFIT OF SCHUEHLE ICE MACHINE AS PER LATEST CONTRACT.

Ice machine, complete, Jacob Schuehle's patent, capacity 3,000 pounds in 24 hours, consists of—

1 double ammonia compressor.
1 steam engine.
1 boiler, 20-horsepower, complete, with feed pump.
1 ammonia condenser.
1 $\frac{3}{16}$-inch boiler-steel freezing tank, incased in 1-inch pine flooring, with the requisite number of ice cans.
1 steam condenser, capacity sufficient to furnish in 24 hours distilled water for 3,000 pounds of ice.
1 brine pump.
1 patent oil eliminator.
1 side-feed lubricator.
300 fire brick.
Bedplate, necessary pipes, gauges, valves, connections, etc.
Anhydrous ammonia and lubricating oil sufficient to run the machine for two years.

In most cases additional or improved parts have been purchased for these machines, and this list can be considered as approximate only. The ammonia drum or cylinder is a container of the ammonia furnished by contract, and unless purchased from the ice fund does not form a part of the Schuehle machine, being returned when a fresh drum of ammonia is received. The Wood-Bailie machine, of which two are now in use, has an ammonia drum as part of the original machine.

For convenient reference the following lists are appended, although the articles are not issued by the Medical Department:

263. ISSUED BY THE QUARTERMASTER'S DEPARTMENT.

Ambulance.	*Hatchet.*	*Shelter for meteorological instruments.*
Ambulance, harness for.	*Ladder.*	*Spade.*
Ax.	*Lamps, bracket.*	*Stoves, heating.*
Clothing, uniforms, etc.	*Lamps, hanging.*	*Tentage, etc.*
Cooking utensils.	*Lockers.*	*Travois.*
Dippers.	*Piping for ranges and stoves.*	*Wheelbarrow.*
*Flags.**	*Range and fixtures.*	*Wood saw.*
Gas fixtures.	*Shovel.*	
Handcart.		

*See A. R. 214.

264. ISSUED BY THE ORDNANCE DEPARTMENT.

Canteen.	*Haversack strap.*	*Shotgun, Springfield.*‡
Canteen strap.	*Knife.*	*Shotgun, reloading outfit.***
Cup, tin.	*Meat can.*	*Spoon.*
Fork.	*Revolver.**	*Waist belt.*
Haversack.	*Rifle, Springfield, M. L.*†	*Waist-belt plate.*

*Revolvers will be obtained from the commanding officer for service in an Indian country, when necessary.

†The issue of two Springfield muzzle-loading rifles to each military post for company bearers' drill is authorized. Decision Acting Secretary of War, 1888.

‡"Upon requisition of the Surgeon (through the usual military channels), duly approved by the Surgeon General, the Ordnance Department will issue, for use at posts west of the Mississippi River, a shotgun, with necessary appendages and ammunition, for the use of members of the Hospital Corps." Decision Chief of Ordnance, 1889.

**The reloading outfit of the shotgun consists of the following. Expendable articles may be replaced by annual requisition upon the Chief Ordnance Officer of the Department:

Brush wiper	no	1	
Canister, tin, for powder, 2-lb	no	1	
Canister, tin, for powder, 5-lb	no	1	
Cartridge primers	no	1,000	
Cartridge shells, 20-gauge	no	50	
Charger, adjustable	no	1	
Cotton cloth	yd	1	
Cotton waste	lbs	1¼	
Drift	no	1	
Funnel	no	1	
Gun wads, No. 18, pink edge	no	2,000	
Packing box	no	1	
Powder, musket	lbs	7	
Priming tool (Frankford)	no	1	
Shot, No. 8	lbs	50	

FIELD SUPPLY TABLE.

OUTFIT AND ALLOWANCE FOR SIX MONTHS FOR ONE THOUSAND MEN.

[*Articles in Italics are not Expendable.*]

265. MEDICAL CHEST (No. I).

Top Drawer.

LEFT.

In 120-c. c. bottles.

Ammonii chloridi trochisci	bott.	1
Camphora	bott.	1
Glycyrrhizæ mist. comp. tablets	bott.	1
Linimentum rubefaciens, tablets	bott.	1
Pilulæ carminativæ	bott.	1
Pilulæ catharticæ compositæ	bott.	1
Potassii bromidum, tablets	bott.	1
Quininæ sulphas, pills	bott.	1
Sodii bicarbonas, tablets	bott.	1
Sodii bicarb. et menthæ pip. tablets	bott.	1
Sodii salicylas, tablets	bott.	1
Warburg's tincture, pills (1 pill=1 drachm)	bott.	1

RIGHT.

In 60-c. c. bottles.

Acidum tannicum	bott.	1
Antipyrinum, tablets	bott.	1
Bismuthi subgallas	bott.	1
Bismuthi subnitras	bott.	1
Chloral	bott.	1
Collodium	bott.	1
Ferri chloridi tinctura	bott.	1
Hydrargyri massa, tablets	bott.	1
Iodum	bott.	1
Ipecacuanha, tablets	bott.	1
Ipecacuanha et opium, tablets	bott.	1
Morphinæ sulphas, tablets	bott.	1
Phenacetinum, tablets	bott.	1
Pilulæ camph. et opii	bott.	1
Potassii arsenitis liquor	bott.	1
Potassii iodidum, tablets	bott.	1
Potassii permanganas	bott.	1
Salol, tablets	bott.	1
Sodii boras	bott.	1
Veratri viridis tinctura	bott.	1
Zinci sulphas, tablets	bott.	1

Small Drawer at Right of Lower Drawer.

In 15-c. c. bottles.

Acidum arsenosum, tablets	bott.	1
Aconiti tinctura, tablets	bott.	1
Aloini pilulæ comp.	botts.	2
Ammonii carbonas	bott.	1
Argenti nitras, in crystals	bott.	1
Argenti nitras fusus	bott.	1
Caffeina citrata, tablets	bott.	1
Cannabis indicæ tinctura, tablets	bott.	1
Capsicum, tablets	bott.	1
Cocainæ hydrochloras, hypod. tablets	bott.	1
Codeina, tablets	bott.	1
Cupri arsenis, tablets	botts.	2
Digitalis tinctura, tablets	botts.	2
Ergotinum, tablets	bott.	1
Guaiacolis carbonas	bott.	1
Hydrarg. chlor. mite cum sodii bicarb., tablets	botts.	3
Hydrarg. iodidum flavum, tablets	bott.	1
Hyoscyami pilulæ compositæ	bott.	1
Ichthyolum	bott.	1
Menthol	bott.	1
Oleum tiglii, tablets	bott.	1
Opii pilulæ	botts.	2
Plumbi acetas, tablets	botts.	2
Podophylli resina, tablets	bott.	1
Quininæ hydrochloras, hypod. tablets	bott.	1
Strychninæ sulphas, tablets	bott.	1
Sulphonal, tablets	bott.	1
Zinci oxidum	bott.	1

Rear Compartment.

Four tin cans.

Magnesii sulphas	kilos.	2½
Oleum ricini	liters.	2½
Potassii et sodii tartras	kilos.	2½
Sinapis nigra	kilos.	1½
Acidum nitricum, 30 c. c., in wooden case	bott.	1
Bandages, gauze, 3 sizes	no.	18
Bandages, suspensory	no.	4
Belladonnæ emplastrum, in 2-meter tin	tin.	1
Cantharidis emplastrum, in 1-meter tin	no.	1
Gauze, sublimated	pkgs.	6
Plaster, adhesive, 1-in	spool.	1
Plaster, isinglass	tin.	1
Pocket case	no.	1
Sinapis emplastrum, in 4-meter tins	tins.	2
Sponges, compressed cotton	box.	1
Syringes, penis, glass	no.	6
Tooth-extracting case	no.	1
Vials, 1 doz. 30-c. c., 1 doz. 60-c. c	doz.	2

MEDICAL CHEST (No. 1)—Continued.

Center of Drawer.

Alcohol lamp	no.	1
Corkscrew	no.	1
Corks for vials	doz.	2
Cup	no.	1
Envelopes for tablets	gross	1
Labels for vials	doz.	2
Measures, graduated glass, 100-c. c. (in case)	no.	1
Medicine glass (in cup)	no.	1
Paper, filtering	pack.	1
Paper, litmus	book	1
Pill boxes, small	doz.	2
Spatula	no.	1
Tongue depressor	no.	1
Urinometer (in case)	no.	1

Small Drawer at Right of Upper Drawer.

Hypodermic tablets, 5-c. c. botts.:		
Apomorph. hydrochloras	bott.	1
Atropinæ sulphas	bott.	1
Cocainæ hydrochloras	bott.	1
Digitalinum	bott.	1
Hyosciuæ hydrobromas	bott.	1
Morphinæ sulphas	bott.	1
Nitroglycerinum	bott.	1
Strychninæ sulphas	tubes.	3
Amyl nitris (5-drop pearls), 12 in box	box	1
Clinical thermometers	no.	2
Hypodermic syringe	no.	1
Hypodermic syringe, extra needle for	no.	1
Hypodermic syringe, extra wires for	bdle.	1
Medicine droppers	no.	6
Pencils, camel's-hair	no.	6
Pencil, indelible	no.	1
Pencil, indelible, leads for	box.	1

Lower Drawer.

LEFT.

In 235-c. c. bottles.

Acidum carbolicum	bott.	1
Acidum sulph. aromat	bott.	1
Æther spiritus compositus	bott.	1
Æther spiritus nitrosi	bott.	1
Alcohol	bott.	1
Ammoniæ aqua	bott.	1
Ammoniæ spirit. aromat	bott.	1
Brandy	bott.	1
Glycerinum	bott.	1
Oleum terebinthinæ	bott.	1
Squibbs mixture	bott.	1
Tinctura opii camphorata	bott.	1
Probangs	no.	2
Sponge holders for throat	no.	2

RIGHT.

Atomizers, hand	no.	2
Copaibæ pilulæ comp	botts.	2
Speculum, rectal	no.	1
Stethoscope, double	no.	1
Test tubes	no.	6
Tape measure	no.	1

266. MEDICAL CHEST (No. 2).

Upper Drawer.

Bags, rubber, hot-water	no.	2
Bags, rubber, ice, for head	no.	1
Bougies and catheters, 6 of each, in box	box	1
Thermometer	no.	1
Towels	no.	6
Trusses, single	no.	3

Lower Drawer.

Blank book	no.	1
Hygiene, Notter and Firth	no.	1
Medicine, Practice of, Osler	no.	1
Surgery, operative, Zuckerkandl	no.	1
Surgery, wounds in war, Stephenson	no.	1
Therapeutics, Hare	no	1
Tropical Diseases, Manson	no.	2

Rear Compartment.

Pump, surgical	no.	1
Acidum tannicum, in 25-gm. bottles	botts.	4
Antipyrinum, 324-mgm. tablets (200 in bottle)	botts.	2
Bismuthi subgallas, in 250-gm. bottles	botts.	2
Bismuthi subnitras, in 500-gm. bottles	botts.	6
Capsicum, 32-mgm. tablets (150 in bottle)	botts.	4
Hydrargyri chloridum mite cum sodii bicarb., tablets (200 in bottle)	botts.	6
Ipecacuanhæ et opii pulvis, 324-mgm. tablets (200 in bott.)	bott.	1
Morphinæ sulphas, 8-mgm. tablets (100 in bottle)	botts.	6

MEDICAL CHEST (No. 2)—Continued.

Phenacetinum, 324-mgm. tablets (200 in bottle)—botts.	2	Potassii bromidum, 324-mgm. tablets, in 500-gm. bottles—botts.	2
Pilulæ camphoræ et opii, or tablets (200 in bottle)—botts.	4	Quininæ sulphas, 200-mgm. pills (500 in bottle)—botts.	6
Pilulæ cathartice compositæ, or tablets (200 in bottle)—botts.	6	Strychninæ sulphas, 1-mgm. tablets (500 in bottle)—botts.	2
Podophylli resina, 16-mgm. tablets (100 in bottle)—botts.	4	Sulphonal, 324-mgm. tablets (200 in bottle)—bott.	1

Some of these bottles may be packed in the drawers.

267. HOSPITAL CORPS POUCH.

(One for each private of the Hospital Corps.)

See paragraph 252.

268. ORDERLY POUCH.

(One for each Medical Officer's Orderly.)

See paragraph 253.

269. POCKET CASE.

Bistoury, curved, probe-pointed—no.	1	*Needle, aneurism*—no.	1
Bistoury, straight—no.	1	*Needle, exploring*—no.	1
Catheter, plated—no.	1	*Needles, surgeon's*—no.	12
Caustic holder—no.	1	*Probe, with Nelaton's tip*—no.	1
Director, groov'd, with myrtle leaf—no.	1	*Scalpel*—no.	1
Forceps, dissecting, mouse-tooth—no.	1	*Scissors, straight*—no.	1
Forceps, hæmostatic and needle—no.	1	Silkworm gut—coil.	1
Forceps, hæmostatic, short—no.	1	*Tenaculum*—no.	1
Forceps, hæmostatic, long—no.	1	*Case, leather*—no.	1
Horse hair—coil.	1	*Pouch, leather*—no.	1

270. FIELD CASE. (SURGEON'S.)

(One for each Medical Officer.)

Bistoury, curved, probe-pointed—no.	1	*Knife, amputating*—no.	1
Bistoury, straight, sharp-pointed—no.	1	*Needle, aneurism*—no.	1
Case, mahogany—no.	1	*Needles*—dozen.	1
Catheter, male, plated—no.	1	*Pouch, leather, with sling strap*—no.	1
Director, grooved, with myrtle leaf—no.	1	*Probe, silver, with Nelaton's tip*—no.	1
Forceps, bone, open box joint, corrugated handles, scooped out—no.	1	*Saw, amputating, lifting back*—no.	1
Forceps, bullet and dressing, combined—no.	1	*Saw, metacarpal*—no.	1
Forceps, dissecting, mouse-tooth—no.	1	*Scalpel*—no.	1
Forceps, hæmostatic and needle—no.	1	*Scissors, curved on flat, with Collins' lock*—no.	1
Hæmostats, "baby"—no.	2	*Scissors, light knee bent, with Collins' lock*—no.	1
Handles, hard-rubber, for knife and saw—no.	2	Silk—cards.	2
Horse hair, black—coil.	1	Silkworm gut (20 strands)—coil.	1
		Tenaculum—no.	1

271. MISCELLANEOUS.

Field desk, no.	1	*Litters*, no.	2
Lanterns, no.	2		

A renewal of supplies can be obtained by regimental surgeons from the surgeon in charge of a brigade or division hospital upon a special requisition approved by the chief surgeon. No receipt is to be given for expendable articles.

272. FOR DIVISION OR DETACHED BRIGADE FIELD HOSPITAL.

Medicines.	
Acidium arsenosum, 1-mgm. tablets (125 in bottle), botts.	3
Acidum boricum, 324-mgm. tablets (125 in bottle), botts.	2
Acidum carbolicum, in 250-gm. bottles, botts.	10
Acidum nitricum, in 250-c. c. g. s. bottles, bott.	1
Acidum sulphuricum aromaticum, in 250-c. c. g. s. bottles, botts.	10
Aconiti tinctura, 0.1-c. c. tablets (200 in bottle), botts.	5
Æther, in 100-gm. tins, tins.	20
Ætheris spiritus compositus, in 250-c. c. bottles, botts.	2
Ætheris spiritus nitrosi, in 500-c. c. bottles, botts.	5
Alcohol, in 1-liter bottles, botts.	24
Ammoniæ aqua, 10 p. c., in 500-c. c. g. s. bottles, botts.	10
Ammoniæ spiritus aromaticus, in 250-c. c. bottles, botts.	6
Ammonii carbonas, in 250-gm. bottles, botts.	3
Ammonii chloridi trochisci (100 in bottle), botts.	10
Amyl nitris (5-drop pearls), 12 in box, boxes.	2
Antipyrinum, 324-mgm. tablets, in 125-gm. bottles, botts.	10
Argenti nitras, in crystals, in 25-gm. bottles, bott.	1
Argenti nitras fusus, in 25-gm. bottles, bott.	1
Atropinæ sulphas, 0.65-mgm. hypodermic tablets, tubes.	2
Belladonnæ emplastrum, in 2-meter tins, tins.	4
Bismuthi subnitras, in 500-gm. bottles, botts.	10
Caffeina citrata, in 65-mgm. tablets, 100 in bottle, botts.	2
Camphora, in 500-gm. bottles, botts.	6
Cantharidis emplastrum, in 1-meter tins, tins.	2
Capsici tinctura, in 100 c. c. bottles, botts.	4
Chloral, in 50-gm. g. s. bottles, botts.	2
Chloroformum, in 100-gm. g. s. bottles, botts.	48
Cocainæ hydrochloras, 10-mgm. hypodermic tablets, in 15-c. c. bottles, botts.	5
Codeina, in 32-mgm. tablets, 100 in bottle, botts.	2
Collodium, in 25-c. c. bottles, botts.	10
Copaibæ pilulæ comp. or tablets (500 in bottle), botts.	5
Digitalinum, in 1-mgm. hypodermic tablets, tubes.	2
Digitalis tinctura, 0.3-c. c. tablets (200 in bottle), botts.	10
Emplastrum ferri (porous), in boxes of 24, boxes.	4
Ergotinum, 130-mgm. tablets (200 in bottle), botts.	2
Ferri chloridi tinctura, in 500-c. c. g. s. bottles, botts.	4
Ferri pilulæ compositæ (200 in bottle), botts.	10
Glycerinum, in 500-c. c. bottles, botts.	10
Glycyrrhizæ mistura composita, tablets (400 in bottle), botts.	10
Guaiacolis carbonas, in 250-gm. bottles, botts.	4
Hydrargyri chloridum mite, in 100-gm. bottles, bott.	5
Hydrargyri iodidum flavum, 10-mgm. tablets (200 in bottle), botts.	10
Hydrargyri massa, 324-mgm tablets (125 in bottle), botts.	5
Hydrargyri unguentum, in 500-gm. jars, jars.	2
Hyoscyami pilulæ compositæ (200 in bottle), botts.	2
Ichthyolum, in 25-gm. bottles, botts.	4
Iodoformum, in 100-gm. bottles, botts.	6
Iodum, in 50-gm. g. s. bottles, botts.	2

FOR DIVISION OR DETACHED BRIGADE FIELD HOSPITAL—Continued.

Ipecacuanha, 65-mgm. tablets (200 in bottle)—bottles	5	Potassii arsenitis liquor, in 250-c. c. bottles—bottles	2
Ipecacuanhæ et opii pulvis, 324-mgm. tablets (200 in bottle), bottles	5	Potassii bromidum, 324-mgm. tablets, in 500-gm. bottles—bottles	6
Ipecacuanhæ extractum fluidum, in 250-c. c. bottles—bottles	2	Potassii et sodii tartras (pulvis), in 500-gm. bottles—bottles	6
Linimentum rubefaciens, tablets (50 in bottle)—bottles	10	Potassii iodidum, 324-mgm. tablets (200 in bottle)—bottles	5
Magnesii sulphas, in 4-kilo. tins, tins	4	Potassii permanganas, in 50-gm. bottles—bottles	5
Menthol, in 50-gm. bottles—bottles	2	Quininæ hydrochloras, 32-mgm. hypodermic tablets—tubes	10
Morphinæ sulphas, 8-mgm. tablets (100 in bottle)—bottles	2	Quininæ sulphas, 200-mgm. tablets or pills (500 in bottle)—bottles	48
Morphinæ sulphas, 8-mgm. hypodermic tablets—tubes	12	Salol, 324-mgm. tablets (125 in bottle)—bottles	15
Nitroglycerinum, 0.65-mgm. hypodermic tablets—tubes	2	Sinapis emplastrum, in 4-meter tins—tins	20
Oleum menthæ piperitæ, in 100-c. c. bottles—bottles	2	Sinapis nigra (pulvis), in 500-gm. tins—tins	5
Oleum ricini, in 1-liter bottles, bottles	24	Sodii bicarbonas, 324-mgm. tablets (200 in bottle)—bottles	24
Oleum terebinthinæ, in 1-liter bottles—bottles	6	Sodii bicarb. et menthæ pip., tablets (250 in bottle)—bottles	5
Oleum theobromatis, in 250-gm. tins—tins	2	Sodii boras (pulvis), in 500-gm. bottles—bottles	2
Petrolatum spissum, 48.8 C., in 500-gm. tins—tins	2	Sodii salicylas, 324-mgm. tablets (200 in bottle)—bottles	5
Phenacetinum, 324-mgm. tablets (100 in bottle)—bottles	5	Strychnia sulph., tablets (500 in bottle)—bottles	10
Pilulæ camphoræ et opii, or tablets (200 in bottle)—bottles	10	Veratri viridis tinctura, in 100-c. c. bottles—bottles	2
Pilulæ carminativæ (200 in bottle)—bottles	5	Zinci oxidum, in 250-gm. bottles, bottles	2
Pilulæ catharticæ compositæ, or tablets (200 in bottle)—bottles	18	Zinci sulphas, 324-mgm. tablets (100 in bottle)—bottles	5
Plumbi acetas, 130-mgm. tablets (100 in bottle)—bottles	4	Zingiberis extractum fluidum, in 250-c. c. bottles—bottles	4
Potassa, in 25-gm. bottles—bottles	1		

273. ANTISEPTICS AND DISINFECTANTS.

Antiseptic tablets, hydrarg. chlor. corros. (200 in bottle)—bottles	10	Mercury corrosive chlorid, in 500-gm. bottles—bottles	4
Lime, chlorid, in 500-gm. w. m. bottles—bottles	48	Tricresol, in 1-kilo. bottles—bottles	6

274. HOSPITAL STORES.

Condensed milk—cans	48	Soap, castile, or its equivalent, kilos	4
Beef extract, in 100-gm. tins or jars—tins	48	Sugar, white, in 6-kilo. tins—tins	2
Brandy, in 1-liter bottles—bottles	12	Tea, in ½-kilo. tins—tins	5
Malted milk—bottles	100	Whisky, in 1-liter bottles—bottles	12

275. STATIONERY.

Blank books, cap, 4-quire	no.	2	
Blank books, 8vo, 4-quire	no.	2	
Envelopes, official, letter	no.	400	
Ink, writing, in 120-c. c. bottles	botts.	4	
Ink, carmine, in 30-c. c. bottles	bott.	1	
Mucilage	botts.	2	
Pads, prescription	no.	48	
Pads, letter	no.	6	
Paper, blotting	qrs.	1	
Paper, writing, letter	qrs.	24	
Pencils, lead	no.	12	
Penholders	no.	6	
Pens, steel	gross.	1	

276. SURGICAL INSTRUMENTS, APPLIANCES, AND DRESSINGS.

Bandages, gauze, sterilized, 144 in box, 3 sizes	gross.	12	
Bandages, plaster	gross.	1	
Bandages, rubber, 4 meters by 33 mm	no.	2	
Bandages, suspensory	no.	12	
Case, emergency	no.	1	
Case, pocket	no.	3	
Cotton, absorbent, sterilized, in 1-oz. pkgs	kilos.	10	
First aid packets, as required	no.		
Gauze, sublimated, in packages, 1-meter each	pkgs.	500	
Gauze, iodoform, in packages, ½-meter each	pkgs.	75	
Ligatures, catgut, sterilized, in packages, 3 sizes	no.	300	
Ligature, silk, sterilized, in packages, 3 sizes	no.	300	
Microscope	no.	1	
Muslin, unbleached	meters.	20	
Oakum or tow	kilos.	10	
Pins, assorted	papers.	10	
Pins, safety, 3 sizes	doz.	18	
Plaster, adhesive, on spools, 1-inch	no.	24	
Plaster, adhesive, on spools, 2-inch	no.	6	
Plaster, isinglass, in 1-meter rolls	meters.	4	
Plaster of paris, in 2-kilo. tins	kilos.	10	
Rubber sheeting	meters.	10	
Silk, oiled, in 5-meter rolls	meters.	15	
Splints, wire for	pcs.	30	
Sponges, compressed cotton, 4 dozen in box	boxes.	30	
Thermometers, clinical	no.	12	
Tourniquet, rubber, Esmarch's	no.	4	
Trusses, single	no.	6	

277. FURNITURE, BEDDING, AND CLOTHING.*

Basins, wash, hand, agate ware	no.	4	
Blanket cases	no.	16	
Blankets, gray	no.	100	
Desk, field	no.	1	
Furniture, field, folding	sets.	5	
Mosquito bars	no.	50	
Pajamas	no.	100	
Pillows, feather	no.	10	
Pillows, hair	no.	50	
Pillowcases, cotton	no.	150	
Sheets, cotton	no.	150	
Shirts, cotton	no.	50	
Towels, hand	doz.	30	

*For a division hospital the allowance under this heading may be doubled.

278. MISCELLANEOUS.

Bedpans, agate ware	no.	2	
Boxes, pill	doz.	6	
Boxes, powder	doz.	6	
Brooms	no.	2	
Brushes, for cleansing	no.	6	
Buckets, fiber or wood	no.	4	
Buckets, agate, 3 in nest	nest.	1	
Chests, commode	no.	2	
Chest, food	no.	1	
Chests, medical (Nos. 1 and 2), of each	no.	1	
Chests, mess	no.	2	

MISCELLANEOUS—Continued.

Chest, sterilizing	no.	1	
Chests, surgical (Nos. 1 and 2), of each	no.	1	
Corks, assorted, in bags of 12 dozen	doz.	12	
Crutches	pairs.	3	
Crutches, rubber tips for	no.	6	
Cups, spit	no.	3	
Cushions, rubber, small	no.	2	
Cushions, rubber, with open center	no.	2	
Dippers	no.	2	
Envelopes for tablets, 5 x 6 cm.	doz.	50	
Hatchet	no.	1	
Lables for vials	gross.	1	
Lantern glasses, extra, red or white, as required	no.		
Lantern wicks, as required	no.		
Lanterns	no.	3	
Litters	no.	10	
Litter slings	no.	25	
Medicine glasses	no.	4	
Paper, wrapping, brown	qrs.	2	
Saw, hand, small	no.	1	
Sponges, bath, large	no.	2	
Syringes, penis, glass, in case	no.	36	
Talcum (French chalk), 1 kilo. packages	kilos.	2	
Test tubes	no.	12	
Urinals, agate ware	no.	3	
Vials, 30-c. c	doz.	6	

279. CONTENTS OF SURGICAL CHEST (No. I).

Top Drawer.		
LEFT.		
In 120-c. c. bottles.		
Hydrarg. bichlor., tablets	botts.	2
Petrolatum	bott.	1
Pil. camph. et opii	bott.	1
Pil. cath. comp	bott.	1
Quin. sulph. 200-mgm. pills	bott.	1
Salt, table	bott.	1
Sodii carbonas, tablets	bott.	1
Sodii chloridum, etc., tablets	bott.	1
In paper packets.		
Ligature, catgut, Nos. 1, 2, and 3.	no.	100
Ligature, silk, Nos. 1, 2, and 3	no.	80
Tubes, drainage, $\frac{1}{4}$ and $\frac{3}{8}$ inch of each $\frac{1}{2}$ meter	no.	2
RIGHT.		
Heater, alcohol	no.	1
Corkscrew	no.	1
Pins, common	pkg.	1
Pins, safety	pkgs.	4
Scissors	pair.	1
Soap, green, in tin	lb.	1
Tags, diagnosis	pkgs.	5
Small Drawer at Right of Upper Drawer.		
Pencil, indelible	no.	1
Pencil, indelible, leads for	box.	1
Syringe, hypodermic	no.	1
Thermometer, clinical	no.	1
Wire, silver	coil.	1
Hypodermic tablets.		
In 5-c. c. bottles.		
Apomorphinæ hydrochloras	bott.	1
Atropinæ sulphas	bott.	1
Cocainæ hydrochloras	bott.	1
Digitalinum	bott.	1
Nytroglycerinum	bott.	1
Morphinæ sulphas	bott.	1
Quininæ hydrochloras	bott.	1
Strychninæ sulphas	tubes.	3
Lower Drawer.		
LEFT.		
In 235-c. c. bottles.		
Acid, carbolic	bott.	1
Alcohol	botts.	3
Brandy	botts.	2
Chloroform	botts.	3
RIGHT.		
Basin, rubber	no.	1
Blank book	no.	1
Brushes, hand, scrub	no.	6
Cylinders, rubber (intest. suture)	no.	2
Inhaler, chloroform	no.	1
Plaster, rubber, adh	spools.	3
Sterilizer, instrument	no.	1
Strop, razor	no.	1
Towels (in sterilizer)	no.	6
Rear Compartment.		
Bandages, gauze, $2\frac{1}{2}$, 3, and $3\frac{1}{2}$ inches	no.	36
Case, field, operating	no.	1
Cotton, absorbent, in 1-ounce packages	pkgs.	36
Cup	no.	1
Gauze, iodoform, in $\frac{1}{4}$-meter packages	pkgs.	12
Gauze, sublimated, in 1-meter packages	pkgs.	36
Sponges, cotton, compressed, large size	doz.	12
Tourniquet, rubber, Esmarch's	no.	1

280. SURGICAL CHEST (No. 2).

Upper Drawer.	
Bandages, plaster, 2-inch ... no.	6
Beef extract, Armour's ... cans.	4
Milk, condensed ... cans.	4
Pliers, cutting, for fixed bandages, ... no.	1
Soap, germicidal ... cakes.	6
Sprinkler, iodoform ... no.	1
Tool, universal ... no.	1
Tourniquet, rubber, Esmarch's ... no.	1
Tow, in ¼-pound packages ... pkgs.	4
Lower Drawer.	
Bandages, gauze, 3 sizes ... no.	50
Chloroform, in 250-c. c. bottles, ... botts.	4
Gauze, iodoform ... pkgs.	12
Gauze, sublimated, in 1-meter packages ... pkgs.	40
Rear Compartment.	
Five tin cans.	
Alcohol ... liters.	2½
Tea ... kilo.	½
Plaster of paris ... kilos.	2½
Tricresol ... liters.	2½
Sugar ... kilos.	1½
Cotton, absorbent, in 1-ounce packages ... pkgs.	32
Gauze wire ... rolls.	8
Splints, wooden, veneer ... no.	6
Sponges, cotton compressed, 4 dozen in box ... doz.	20

281. STERILIZER.

Top Drawer.	
LEFT.	
Aprons, rubber ... no.	3
Bands, rubber, in cases ... no.	24
Cots, finger, in cases ... no.	16
Gloves, rubber, in cases ... prs.	4
Rubber bag and tube, for flushing ...	
RIGHT.	
Base of petroleum stove ...	
Lower Drawer.	
LEFT.	
Upper part of petroleum stove ...	
RIGHT.	
Sterilizer, Arnold's ...	
Matches, safety ... boxes.	6
Wicks ... pkg.	1
Rear Compartment.	
Berkefeld filter ...	
Can for petroleum ...	
Can for water ...	
Dipper ...	

MAIGNAN FILTER.

In separate case.

282. CONTENTS OF FIELD OPERATING CASE.

Bistoury, curved, probe-pointed ... no.	1
Bistoury, straight, sharp-pointed ... no.	1
Box, ligature, with three spools ... no.	1
Buttons, Murphy's, 3 in set ... set.	1
Case, mahogany ... no.	1
Canula, silver, Belocques' ... no.	1
Catheters, silver, Nos. 8 and 10 ... no.	2
Catheter staff, tunneled, Gouley's ... no.	1
Cutlin, medium, 5-inch blade ... no.	1
Chisel ... no.	1
Clamps, intestinal, McLaurens's ... no.	2
Depressor, tongue, wire, folding ... no.	1
Director, grooved, medium ... no.	1
Drills, bone, in handle, set of 3 ... set.	1
Earhook and spoon, Gross' ... no.	1
Eye spud, Dix's ... no.	1
Forceps, bone-cutting, flat blade, Liston's ... no.	1
Forceps, clamp, Keen's ... no.	1
Forceps, clamp, Kelley's ... no.	1
Forceps, delicate ... no.	1
Forceps, dressing and bullet, Forwood's ... no.	1
Forceps, hæmostatic, curved ... no.	3
Forceps, hæmostatic, Jones', 2-inch bite ... no.	1
Forceps, hæmostatic, Penn's ... no.	3
Forceps, hæmostatic, Wyeth's ... no.	1
Forceps, Rongeur and bone-holding, Forwood's ... no.	1

CONTENTS OF FIELD OPERATING CASE—Continued.

Forceps, mouse-tooth, with teeth	no. 2	*Probe, hard rubber, Fluhrer's*	no. 1
Forceps, T-shaped, Pratt's	no. 1	*Razor, hard rubber handle*	no. 1
Gag, mouth, French's	no. 1	*Retractors, double-ends, nested*	no. 2
Gouge	no. 1	*Rongeur, medium, Keen's*	no. 1
Guide, filiform, Gouley's	no. 1	*Saw, amputating, two blades, Little's*	no. 1
Horse hair	coil 1	*Saw, metacarpal*	no. 1
Knife, amputating, large, 7-inch blade	no. 1	*Scalpels, assorted*	no. 4
Mallet, Forwood's	no. 1	*Scissors, angular, blunt pointed*	no. 1
Needle, aneurism	no. 1	*Scissors, curved on flat, Weir's*	no. 1
Needle, curved, Reverdin's	no. 1	*Scissors, heavy, blunt*	no. 1
Needle holder, McBurney's	no. 1	*Scoop, Wyeth's*	no. 1
Needles, artery, blunt, right and left	no. 2	Silk worm gut	coil 1
Needles, case for	no. 1	*Sponge holders, 1 Sims and 1 regular*	no. 2
Needles, curved, assorted	no. 12	*Syringe, aspirating, with three points*	no. 1
Needles, straight round	no. 6	*Tenaculum*	no. 1
Needles, straight, triangular	no. 6	*Trephine ½-inch, Galt's*	no. 1
Periosteotome, light, Sayre's	no. 1	*Trocar and canula, set of 4, silver, in metal box*	no. 1
Pins, latest, Wyeth's	no. 2	*Tube, tracheotomy, silver*	no. 1
Pouch, leather, with sling strap	no. 1		
Probe, double-end, 8-inch long, one end a porcelain tip, silver	no. 1		

283. CONTENTS OF MESS CHEST.

See paragraph 256.

284. CONTENTS OF FOOD CHEST.

See paragraph 257.

285. CONTENTS OF COMMODE CHEST.

See paragraph 258.

286. CONTENTS OF FIELD DESK.

See paragraph 259.

287. FOLDING FIELD FURNITURE.

See paragraph 260.

288. FOR DIVISION AMBULANCE TRAIN.

Chests, surgical (Nos. 1 and 2), of each	no. 1	Lantern wicks, as required	no. -------
Chest, sterilizing	no. 1	*Lanterns*	no. 3
Buckets, agate, 3 in nest	nest 1	*Litters*	no. 20
Hatchet	no. 1	*Litter slings, as required*	no. -------
Lantern glasses, extra, red or white, as required	no. -------	*Hospital corps pouch, as required*	no. -------
		Orderly pouch, as required	no. -------

289. ISSUED BY THE QUARTERMASTER'S DEPARTMENT.

See paragraph 263.

290. ISSUED BY THE ORDNANCE DEPARTMENT.

See paragraph 264.

GENERAL ORDERS AFFECTING THE MEDICAL DEPARTMENT AND ITS SERVICE, PUBLISHED FROM THE HEADQUARTERS OF THE ARMY, ADJUTANT GENERAL'S OFFICE, SUBSEQUENTLY TO THE ISSUE OF THE 1898 EDITION OF THIS MANUAL.

291. GENERAL ORDERS, No. 58—MAY 31, 1898.

Enlisted men of the volunteer organizations may be transferred to the Hospital Corps of the Regular Army by the Commanding General of the Army Corps in which the soldier is serving, upon the recommendation of the Chief Surgeon of the Corps.

The provisions of Army Regulations governing the Hospital Corps so far as they are inapplicable in time of war and with troops in the field are hereby suspended during the existence of such conditions.

The Commander of an Army Corps, or of a Division or Brigade acting independently of a Corps, is charged with the full control of the transfer from the line, the enlistment, reenlistment, and discharge of members of the Hospital Corps of his command, with the detail of acting hospital stewards and the appointment of hospital stewards.

Acting hospital stewards will be detailed from privates of the Hospital Corps who are recommended by their medical officers as possessing the necessary qualifications. Hospital stewards will be appointed from acting hospital stewards who are recommended by their medical officers and who have served not less than three months in the Hospital Corps and are approved by a board of not less than three medical officers.

Enlistment papers in duplicate, examination forms, and outline figure cards for members of the Hospital Corps will be forwarded to the Surgeon General's Office, as now required, and monthly reports will be made by the chief surgeon of the Corps, or Division if acting independently, showing the number of stewards, acting stewards, and privates on duty, the names of men transferred from the line, of those enlisted or reenlisted, discharged, died, detailed acting hospital steward, or appointed hospital steward.

The quota of members of the Hospital Corps for a corps of 25,000 men, is—

	Hospital stewards.	Acting hospital stewards.	Privates.
For each regiment of infantry	1		1
For each artillery battalion, 3 light batteries		3	1
For each regiment of cavalry	1		2
For each corps headquarters	1		2
For each division headquarters	1		1
For each brigade headquarters			1
For each division ambulance company, and for the reserve corps company	7	3	104
For each division field hospital and for the reserve corps field hospital	6	3	90

The three volunteer hospital stewards mustered in with each regiment are included in this strength.

The Corps Commander may make such distribution of the members of the Hospital Corps within his command as he considers for the best interests of the service.

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292. GENERAL ORDERS, NO. 62—JUNE 3, 1898.

II. From and after this date, the issue of the full dress uniforms to hospital stewards, acting hospital stewards, and privates of the Hospital Corps, U. S. Army, will be discontinued, and an equivalent allowance in money value of white cotton duck clothing will be made instead, and authority is hereby granted to issue, free of charge, to each of the enlisted men of the Hospital Corps, entitled to wear them, two pairs of service chevrons per annum.

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293. GENERAL ORDERS, NO. 71—JUNE 17, 1898.

By direction of the Secretary of War, the following instructions are published for the information and guidance of recruiting officers of the Army, both Regulars and Volunteers:

In the absence of a commissioned medical officer or contract surgeon, recruiting officers are authorized to employ a civilian physician to make the examination of recruits preceding

enlistment required by Army Regulations, at a compensation of forty cents for each man thus examined.

Such of the provisions of paragraphs 842 and 1458 of the Army Regulations, and of Circular Letters, Adjutant General's Office, May 25, 1896, and June 3, 1898, as are inconsistent with the foregoing are suspended during the war.

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294. GENERAL ORDERS, NO. 76—JUNE 22, 1898.

I. By direction of the Secretary of War, the following allowance of horses for mounts, wheel transportation, tentage, etc., for the Medical Department of the Army in the field is authorized:

Horses for mounts.

	H. S.	A. H. S.	Privates.
To each regiment of infantry	1		1
To each artillery battalion (3 light batteries)		3	1
To each cavalry regiment	1		2
To each corps headquarters	1		2
To each division headquarters	1		1
To each brigade headquarters	1		1
To each division ambulance company	7	3	12
To each corps reserve ambulance company	7	3	12
To each division field hospital	2	2	6
To each corps reserve hospital	2	2	6

Wheel transportation.

One ambulance to 400 men of the effective force.
One 4-horse wagon to 600 men of the effective force.
One 4-horse wagon to each brigade.

Tentage.

For each ambulance company:
17 common tents for privates.
2 common tents for noncommissioned officers.

For each division field hospital:
15 common tents for privates.
2 common tents for noncommissioned officers.
1 common tent for supplies.
Hospital tents on a basis of 6 patients (beds) to each tent.

Hand litters, with slings, to be furnished by the Quartermaster's Department:

1 for each company.
2 for each ambulance.

Requisitions for the necessary articles of camp and garrison equipage, tools, etc., will be based on the official allowances for companies of infantry.

Requisitions for the before-mentioned supplies will be sent in separately for *divisions*, with statement whether or not the division organization is complete.

Horses and wheel transportation will be furnished by the Quartermaster's Department, and horse equipments by the Ordnance Department.

II. Commanding Generals of Army Corps are directed to detail, upon the application of Chief Surgeons of Corps, two line officers not above the grade of first lieutenant for duty as Acting Assistant Quartermasters with the medical service of each division.

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295. GENERAL ORDERS, NO. 82—JUNE 27, 1898.

I. By direction of the Secretary of War, the attention of Commanding Generals of Army Corps in the field is directed to the fact that the act of Congress approved June 2, 1898 (General Orders, No. 62, June 3, 1898, from this office), fixes the number of hospital stewards, Hospital Corps, U. S. Army, at two hundred (200), and that owing to the number of hospital stewards now on duty outside of the limits of the Army Corps in the field, ten (10) only will be available for duty with each Army Corps, which number under the law can not be exceeded.

It is important that it should be fully understood that the hospital stewards mustered in with each volunteer regiment can be detached from their regiments and assigned to duty at the discretion of the Commanding Generals of Army Corps.

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III. By direction of the Secretary of War, men who are sick in the division or brigade hospitals of their command, at date of muster, will be mustered on the muster rolls and the

pay rolls of the organization to which they belong as "present," with the remark "sick in division or brigade hospital." If the organization to which they belong be detached from the corps, division, or brigade, they will be mustered on detachment rolls (Form No. 2), a separate roll being prepared for each regiment. See Note 1 on the rolls and A. R. 785, the provisions of which must be strictly observed.

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296. GENERAL ORDERS, No. 91—JULY 8, 1898.

By direction of the Secretary of War, paragraphs 878, 882, and 888 of the Regulations are amended to read as follows:

878. Inspections having in view the condemnation of property will be made by inspectors general, acting inspectors general, or officers specially designated by the commander of a department, the commander of an army corps, or army in the field, or higher authority. Officers designated for the foregoing purpose shall not be in any way connected with the staff department or corps, the post, or particular organization to which the property to be inspected pertains, except in case of unserviceable public animals or of small quantities of rapidly deteriorating subsistence stores, unfit for sale or issue to troops but not worthless, if delay would entail loss to the Government.

882. Inspectors will examine all property properly presented for condemnation. When all property presented has been destroyed in the presence of the inspector, one inventory will be forwarded by the inspecting officer through department or army corps headquarters to the Inspector General of the Army and the others will be delivered to the accountable officer. In cases in which the inspector recommends the sale of any property or its transfer to depots, he will forward all the inventories to department or army corps headquarters, and if the inspector's action is approved by the department or army corps commander, except as provided in paragraphs 1525 and 1526, two will be returned to the accountable officer and the other forwarded to the Adjutant General of the Army to be transmitted to the Inspector General of the

Army, and, in similar cases, when the accountable officer is not serving under the department or army corps commander and all the property has been destroyed in the presence of the inspector, one copy of the inventory will be forwarded to the Inspector General of the Army and two to the accountable officer, or if sale or transfer of the property is recommended, the inspecting officer will forward all the inventories to the Inspector General of the Army, who will forward them to the Secretary of War, through the chief of bureau concerned; one copy will be returned to the Inspector General and two to the accountable officer.

888. Department commanders, the commander of an army corps, or army in the field, or the Commanding General of the Army, may give orders, on the reports of authorized inspectors, to sell, destroy, or make such other disposition of condemned property as the case may require, except the sale of ordnance and ordnance stores and the destruction of saddles issued by the Ordnance Department, for which the orders of the Secretary of War must be given. If the property be of considerable value, and there be good reason to suppose that it can be more advantageously applied or disposed of elsewhere than within the command, the matter will be referred to the War Department through the Adjutant General of the Army.

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297. GENERAL ORDERS, No. 100—JULY 16, 1898.

Information having reached the War Department that notwithstanding the medical examination prior to muster in, men have been enlisted in the Volunteer Army who should have been rejected at that examination as unfit for military service, the attention of Chief Surgeons is directed to this subject as one of great importance. Systematic inquiry, with a view to eliminating such men, should be made in the various regiments and other commands by the medical officers on duty with them. A board of medical officers should be appointed in each division to carefully examine and make recommendation in each of the cases submitted by individual or regimental medical officers. In every case where discharge

The Quartermaster's Department will furnish the necessary transportation to the homes of the furloughed soldiers and the Subsistence Department commutation of rations at the rate of one dollar and fifty cents per day for the necessary number of days' travel. Sleeping-car accommodations when the travel is by rail and staterooms when the travel is by boat (other than Government transport) will be furnished under A. R. 1109. Neither the cost of transportation nor commutation of rations while traveling will be charged against the soldier. This order will not apply to soldiers on ordinary furloughs.

II. The following instructions to provide for the disposition of enlisted men, patients in the U. S. general or field hospitals, *who have made complete recovery and are able to do full duty,* are published for the information and guidance of all concerned:

Soldiers, both regulars and volunteers, whose regiments are in the United States will be sent by the surgeons in charge of hospitals to join their proper regiments.

Soldiers belonging to regiments of the Regular Army which are not in the United States will be sent by the surgeons in charge of hospitals to report for duty with recruit detachments of their respective regiments, except artillery soldiers of the Regular Army belonging to batteries which have left the United States, who will be sent to the headquarters of their respective regiments.

Those belonging to volunteer organizations which are not in the United States will be sent by the surgeons in charge of hospitals to the nearest military post or camp.

The names of all men sent from general or field hospitals under these instructions, their companies and regiments, and the places to which they are ordered, will be promptly reported to this office by the surgeons in charge of hospitals, who will be furnished, by this office, with weekly printed statements of the stations of U. S. troops—regulars and volunteers—which statements will also show the location of the detachments of recruits belonging to regiments of the Regular Army that are not in the United States.

The necessary transportation under this order will be furnished by the Quartermaster's Department, and the Subsistence Department will pay commutation of rations at the rate of one dollar and fifty cents per day for the necessary number of days' travel. These provisions will not apply to soldiers on ordinary furloughs.

III. If the soldier has been paid or drawn clothing while in a hospital it will be noted on his descriptive list, if he has one, and if not, his company commander, or the officer to whom he may be ordered to report, will be furnished this information by letter.

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301. GENERAL ORDERS, NO. 116—AUGUST 10, 1898.

Medical officers in charge of general hospitals, hospital trains, hospital transports, and the hospital at the camp at Pablo Beach, Florida, and at the hospital at the camp at Montauk Point, New York, will be allowed to expend from the appropriation "Subsistence of the Army," for the diet of the enlisted men undergoing medical treatment under their charge, at the rate of not exceeding sixty cents per man per day for the period each is undergoing treatment. The allowance so made will constitute a special fund in the hands of the medical officer in charge, from which will be purchased the entire diet of the enlisted men while undergoing medical treatment. These purchases will be restricted to articles of food, solid and liquid, the quantities and varieties of which will be determined by the medical officer in charge.

Chief commissaries of departments will transfer to medical officers in charge such subsistence funds as may be estimated for by the latter for carrying out the objects of this order.

There will be rendered monthly to the Commissary General of Subsistence, by the medical officers concerned, regular accounts current supported by vouchers showing the application of these funds, and regular returns of subsistence stores accounting for the articles of food purchased and issued. There will be submitted with each monthly return a tabular statement showing the number of patients present during the month as shown by the hospital records, and the money value

of the articles issued to and consumed by them. The statement will be so arranged as to show the actual cost of subsistence per man per day for the month.

Transfers of subsistence funds from one hospital, train, or transport to another without authority of the Commissary General of Subsistence, and the purchase from subsistence funds of articles other than food intended for diet of the sick, are prohibited.

This order will go into effect at once, and all surplus funds in the hands of medical officers in charge, arising from the commutation of rations heretofore allowed to enlisted men undergoing treatment under their charge, will be taken up on their accounts current for the month of August, and all articles purchased from such commutation remaining on hand unconsumed on receipt hereof will be taken up on their returns of subsistence stores for that month.

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302. GENERAL ORDERS, No. 117—AUGUST 10, 1898.

In order to prevent as far as possible the diseases incident to encampments of large bodies of men, namely: typhoid and malarial fevers, diarrhea and dysentery, and the further spread thereof where these diseases have already gained more or less headway, all officers, from the commanding general to company commanders, will exercise the utmost vigilance to enforce proper sanitary conditions in camp and strict cleanliness of the person.

The speedy destruction or removal with safety of all decaying substances present and future, and the rendering innoxious the feculent matter of the camp, must be accomplished.

The Quartermaster's Department will furnish lumber for floors to all tents. The general commanding camp will at once provide ample hospital facilities by erecting barracks where there is a shortage of hospital tents.

No effort will be spared to carry this order into effect to the fullest extent, and to this end those concerned will not rest content with the issuance of orders upon the subject, but they or their representatives, duly impressed with this grave

responsibility, will immediately see to the commencement, continuance, superintendence, and practical accomplishment, day by day, of the instructions imposed upon the command.

The attention of all concerned is called to Army Regulations concerning interior economy, police, and discipline of companies, to Circular No. 1, Surgeon General's Office, April 25, 1898, to "Marches" and "Camping" in the authorized Drill Regulations, to "Soldier's Handbook" and the remarks therein compiled. From these easily accessible data, supplemented by his own practical experience and that of others, the commanding general of each camp will at once prepare and put into immediate execution a simple code of rules, of the daily practical accomplishment of which he will assure himself, rendering daily reports to the Adjutant General of the Army.

Copies of the rules promulgated will be sent at the earliest moment to the Adjutaut Generel of the Army.

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303. GENERAL ORDERS, NO. 121—AUGUST 18, 1898.

I. In addition to the instructions published in General Orders, No. 114, August 9, 1898, from this office, regarding furloughs to sick and wounded soldiers, division commanders, when separated from the corps to which they belong, are authorized to grant furloughs to enlisted men, upon the recommendation of the division surgeon, and to order transportation to their homes of the men so furloughed.

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304. GENERAL ORDERS, NO. 124.—AUGUST 20, 1898.

I. The following instructions for the muster out of the service of United States Volunteers are published for the information and guidance of all concerned:

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5. Officers who at any time were responsible for public property of any description must obtain certificates of nonindebtedness before their final payment can be made. Commanding officers will therefore forward at once to the Paymaster General a complete list of *all* the officers of the organization to be

mustered out, and to the Quartermaster General, Commissary General of Subsistence, Surgeon General, Chief of Engineers, Chief of Ordnance, and Chief Signal Officer, a list of those officers who are, or at any time have been, responsible for public property. Chiefs of the supply departments mentioned will cause immediate examination of returns to be made and transmit the result thereof to the Paymaster General.

6. Officers who have not at any time been responsible for public property will be required to furnish the mustering officer with their affidavits to that effect, certified to by the commanding officer of the regiment, independent battalion, or company. The affidavits of such officers will be transmitted with the muster-out rolls to the paymaster designated to make the payment to the organization.

* * * * *

II. As soon after the arrival of the organization at its State rendezvous as possible the physical examination of all officers and men will be made, before muster-out and payment.

PHYSICAL EXAMINATION OF OFFICERS AND MEN.

1. To facilitate the settlement of pension claims that may be made on account of disability incurred in the United States service, and to protect the rights of persons who may be entitled to the benefits of the pension laws as well as to guard the interests of the Government, it is ordered that a thorough physical examination be made of all officers and enlisted men of Volunteers, except general officers and officers of the general staff, immediately prior to their muster out of service or discharge. For this purpose a blank form will be supplied by the Adjutant General of the Army.

2. When an organization is about to be mustered out of the service each officer and enlisted man will be required by his company or other commanding officer to answer the questions on the blank form "Declaration of person to be mustered out," which, when completed, will be signed by him and duly witnessed by said officer. This officer will then make the required certificate, which follows the declaration, based upon the official records of the organization and on his personal knowledge of the facts in the case.

3. When the physical examination papers of the officers and men of a company or other organization are so far completed, they will be given to the mustering officer, who will cause the physical examination to be made and said papers to be completed by a medical officer of the Regular Army, whenever the services of such an officer are available, and when not, then by a medical officer of Volunteers *not belonging to the organization of which the officers and men are members.*

4. The mustering officer will report to the Adjutant General of the Army any person under examination who claims to have a disability of which the medical officer can find no evidence, or claims to have a disability incurred in line of duty, whereas the medical officer is of the opinion that the disability was not so incurred, such person will not be discharged until after he shall have been examined by a board of three medical officers, to be convened by the Adjutant General of the Army, which will make a full report of the case in accordance with the terms of this order. If the medical officers fail to agree with regard to the case, a separate minority report will be made by the dissenting officer.

5. Upon completion of the medical examination the papers in the case will be turned over to the mustering officer, who will forward them with the muster-out rolls to the Adjutant General of the Army.

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305. GENERAL ORDERS, NO. 126.—AUGUST 25, 1898.

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II. The demand for Hospital Corps privates for the care of the sick in various commands being greater than can be supplied by transfer and enlistment, corps commanders and commanders of camps not under the jurisdiction of corps commanders are authorized and directed to detail a sufficient number of enlisted men to meet the emergency, the number of men and the length of detail to be determined by the chief surgeon.

III. The following instructions are published for the information and guidance of all concerned:

All officers and enlisted men absent from their organizations on leave, furlough, or from any other cause, will at once report by letter to their respective company or regimental commanders the date, cause, period, and authority of absence. In case the whereabouts of the company or regiment is not known to the absentee, the report can be forwarded under cover to the Adjutant General of the Army.

Surgeons in charge of hospitals and all post commanders will, at the end of each month, send to the proper company or regimental commander the name of each officer and enlisted man in the hospital or at the post, other than those belonging thereto, giving the cause of detention, date of arrival, departure, return to duty, or death, or any other information that may be pertinent to the case.

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306. GENERAL ORDERS, NO. 127—AUGUST 26, 1898.

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Acting assistant surgeons may wear the uniform of an assistant surgeon with the rank of 1st lieutenant, the shoulder straps and ornaments to be in silver instead of gold.

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307. GENERAL ORDERS, NO. 134—SEPTEMBER 2, 1898.

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2. It having been reported to the War Department that many convalescent soldiers who have received furloughs and started for their homes have been taken ill on the way, to avoid further occurrences of this kind it is suggested in the strongest possible terms that all soldiers traveling homeward on furloughs will exercise their best judgment in caring for themselves, especially those who have been ill in hospitals with fevers. Their appetites are very keen, and unless they deny themselves everything except the necessary food of the simplest character are in great danger of a relapse. This instruction is sent out hoping that it may catch the eye of those men *en route* and also for the instruction of surgeons at hospitals. It is ordered that no man shall receive a furlough

whom the surgeon in charge believes to be unable to travel alone, and that no furloughed soldier shall leave hospital without receiving full instructions as to his diet while *en route* to his home from his surgeon.

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308. GENERAL ORDERS, NO. 136—SEPTEMBER 3, 1898.

The provisions of General Orders, No. 116, War Department, Adjutant General's Office, August 10, 1898, are hereby extended to include all field and post hospitals.

In this connection it is to be understood that General Orders, No. 116, does not do away with the hospital fund, but applies to patients who, in the opinion of the surgeon, are too sick to use the ration. For patients that can use the ration and for the Hospital Corps savings can be made as heretofore. Nor does the order take away the privilege of using funds and supplies furnished by aid societies, the using of which is left to the discretion of the surgeon, as is also the question whether or not there should be separate tables, kitchens, etc., having in mind the fact that the subsistence fund is to be used for those patients who need special articles of diet. General Orders, No. 116, is further intended to place in the hands of the surgeon a fund from which necessary articles of diet for patients too sick to use the ration can be purchased, without waiting for the formation of a hospital fund, and at the same time to prevent a large hospital fund accruing from those too sick to use the ration.

To sum up, the allowance of subsistence funds is intended to furnish the surgeon with the necessary funds for the purchase of such articles of the diet as in his discretion he may find necessary. It is not intended for those well enough to use the ration, nor is it intended to furnish the Hospital Corps with delicacies and special articles of the ration which could not be purchased from their own savings.

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309. GENERAL ORDERS, NO. 139—SEPTEMBER 7, 1898.

It is ordered that a quartermaster be stationed at each General Hospital for the purpose of giving transportation to

soldiers who are sent home on sick furlough, and in every instance when the officer in charge of the Hospital issues a furlough he should state on the furlough that under General Orders, No. 114, August 9, 1898, this office, the soldier so furloughed is entitled to transportation and, if in the judgment of the surgeon the soldier should be furnished with sleeping-car accommodations, that fact will be stated, and when it so appears on the furlough the Quartermaster must not only issue transportation but sleeping-car accommodations as well.

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310. GENERAL ORDERS, NO. 145—SEPTEMBER 16, 1898.

The quartermaster stationed at a general hospital under paragraph 1, General Orders, No. 139, September 7, 1898, War Department, Adjutant General's Office, for the purpose of giving transportation to soldiers sent home on sick furlough, will act as commissary of subsistence for paying commutation of rations to such soldiers under General Orders, No. 114, August 9, 1898, War Department, Adjutant General's Office, and will obtain subsistence funds for the purpose by requisition on the Chief Commissary of the Department in which the hospital is situated. For the purpose of making payments of commutation of rations in convenient form to those entitled, quartermasters on duty as above at general hospitals are authorized to keep subsistence funds at their own risk in their personal possession to an amount not exceeding three thousand dollars at any one time; and the Quartermaster's Department is authorized to furnish transportation from time to time from the public depository to the hospital for such amounts of subsistence funds in currency as the quartermaster on duty as acting commissary thereat may call for.

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311. GENERAL ORDERS, NO. 151—SEPTEMBER 22, 1898.

I. By direction of the Acting Secretary of War, at least two medical officers shall always be left on duty with each volunteer regiment, including the surgeon with the rank of major,

and all regiments will be allowed four hospital tents and field furniture to equip them for a regimental hospital for each regiment.

II. By direction of the Acting Secretary of War, paragraphs 85 and 886 of the Regulations are amended to read as follows:

85. The remains of officers killed in action, or who die when on duty in the field or at military posts, or when traveling under orders, will be inclosed in coffins, and unless claimed by relatives or friends will be transported by the Quartermaster's Department to the nearest military post or national cemetery, or, if so desired by their relatives, to their homes for burial. The expense of transporting the remains is payable from the appropriation for Army transportation, or from funds specially appropriated for that purpose; other expenses of burial are limited to $75. If buried at the place of death, the fact will be reported to the Adjutant General of the Army.

886. Inspectors will, when practicable, cause the destruction, in their presence, of all property found to be worthless and which is without money value at or near the place of inspection, and will state in their reports that "the articles recommended to be destroyed have no money value at or near the post." The action of an inspector on property of this character will be final, and his report will be a valid voucher for the responsible officer. Inspectors will be held responsible for their action in this particular. When property thus condemned is not destroyed in the presence of the inspector the responsible officer will certify to the fact of subsequent destruction in his presence.

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312. GENERAL ORDERS, NO. 164—OCTOBER 11, 1898.

I. By direction of the Secretary of War, chief mustering officers will make timely application to the Surgeon General of the Army for the detail of medical officers of the Regular Army or of the Volunteer staff to make the physical examinations of officers and men required by General Orders, No. 124, August 20, 1898, from this office, and, to further expedite the examinations, will also detail, under the provisions of said

order, medical officers of any one or more organizations of the same State for the examination of the officers and men of another regiment.

II. By direction of the Secretary of War, section 4 of paragraph II of General Orders, No. 124, August 20, 1898, from this office, is so amended that when it is impracticable to secure a board of three medical officers to examine persons claiming disability incurred in the line of duty which, in the opinion of the medical officer, was not so incurred, mustering officers are authorized to convene boards composed of one or two medical officers, other than those who made the original examination, and when the convening of such a board is not possible they will themselves make the examination required and report the facts in the case to this office.

III. By direction of the Secretary of War, mustering officers will require medical officers of regiments ordered to be mustered out to render at once to the Surgeon General of the Army such monthly reports of *sick and wounded* as they may have failed to forward, for any cause, at the time such reports were due. They will also require that *all* retained medical records, including registers of patients, be forwarded to that officer, to whom medical officers will apply for certificates that these reports and records have been filed in his office.

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313. GENERAL ORDERS, No. 173—OCTOBER 26, 1898.

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III. By direction of the Secretary of War, in addition to the instructions published in paragraph 1, General Orders, No. 121, August 18, and Circular, No. 41, October 13, 1898, the provisions of General Orders, No. 114, August 9, 1898, from this office, are extended so as to authorize a regimental commander, when the regiment is serving as a separate command, to grant furloughs to sick and wounded soldiers upon the recommendation of the regimental surgeon, and to order transportation to their homes of the men so furloughed.

314. GENERAL ORDERS, No. 174—NOVEMBER 2, 1898.

I. By direction of the Secretary of War, so much of paragraph 994 of the Regulations as allows contract surgeons commutation of quarters is revoked.

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315. GENERAL ORDERS, No. 175—NOVEMBER 3, 1898.

* * * * *

II. By direction of the Secretary of War, officers accountable on returns for public property to one or more bureaus, but not to others, are authorized with respect to these others to submit to paymaster, in lieu of certificate of nonindebtedness from chiefs of such bureaus, affidavits of nonaccountability or responsibility thereto, when countersigned by the commanding officer of the regiment or independent command.

Except in case of ordnance and ordnance stores, officers who have been responsible for public property on memorandum receipt are authorized to submit to paymaster, in lieu of certificate of nonindebtedness from chief of bureau concerned, affidavit, countersigned by commanding officer of regiment or independent command, that he has properly accounted for all public property for which he has at any time been so responsible to said bureau. The memorandum receipt of the officer to whom the property has been transferred by him will be attached to the affidavit. In case of ordnance property, memorandum receipts are not allowed.

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316. GENERAL ORDERS, No. 178—NOVEMBER 8, 1898.

I. By direction of the Secretary of War, the provisions of General Orders, No. 58, May 31, 1898, from this office, under which the commander of an army corps or of a division or brigade acting independently of a corps is charged with the full control of the transfer from the line, the enlistment, reenlistment, and discharge of members of the Hospital Corps of his command, with the detail of acting hospital stewards and the appointment of hospital stewards, are extended so

that the commanding officers of military departments outside of the limits of the United States are charged with the same authority.

* * * * *

III. The purpose of the regimental hospital in field service is to furnish protection and care to the sick of the command while on a march or in the field, or to those temporarily sick while in camp of instruction. It is an emergency hospital in the one case and a detention hospital in the other, but is not intended for the treatment of the very ill, who in the event of a move would prove to be an incumbrance to the regiment. When cases are found to be serious in nature they should be promptly transferred to brigade or division hospitals, except where regiments are isolated, in which event the bed capacity may be increased as necessary, all of the sick being cared for and transfers made to general hospitals when ordered by proper authority.

Of enlisted personnel, there will be allowed, in addition to the three regimental hospital stewards now authorized by law—

One acting hospital steward.

Six privates of the Hospital Corps as attendants and orderlies.

One private of the Hospital Corps as cook.

One private for each ambulance and wagon.

If members of the Hospital Corps can not be obtained as drivers, the Quartermaster's Department will hire civilians for that purpose.

The tentage will consist of—

Four hospital tents (two to be used as wards, one as dispensary and storage, and one for the mess).

One wall tent for noncommissioned officers.

Three common tents for privates.

One common tent for cook tent.

The allowance of ambulances and mounts is fixed in General Orders, No. 76, June 22, 1898, from this office, and two four-horse wagons will be furnished for each hospital. The allowance of the medical supplies will be fixed by the Surgeon General.

Inspectors will give particular attention to the condition of the regimental hospitals and note any departures from their organization as published in this order.

CIRCULARS FROM THE WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE.

317. CIRCULAR NO. 25—JULY 20, 1898.

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1. UNIFORM.—Acting Assistant Surgeons will be permitted to wear the undress uniform of the U. S. Army Medical Corps, bereft of all marks and insignia of rank.—[*Decision Sec. War, July 14, 98—98961 A. G. O.*]

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318. CIRCULAR NO. 31—AUGUST 12, 1898.

Owing to the number of incorrect and incomplete final statements daily presented to paymasters for settlement, it is apparent that the obligations of officers issuing such statements are not fully uuderstood, and the result is great inconvenience to discharged soldiers, who are obliged to return to their late commanding officers to have necessary corrections made, and liability of paymasters to overpay, when the account of the soldier is not fully and properly stated.

In order that there may be uniformity in the issue of final statements, the following instructions, compiled from the Army Regulations, will be strictly observed.

"*It should be borne in mind that overpayments caused by erroneous final statements will be charged against the officer who signed the final statements.*"

Notification of discharge.

(Par. 150, A. R.)

The officer who prepares the final statement of a soldier will, at least one day before the discharge takes effect, send by mail to the paymaster to whom the soldier may wish to apply for payment a notification in his own handwriting, in form as follows:

"Major ———, Paymaster, U. S. Army,
" *Washington.*

"SIR: I have the honor to advise you that Private ——— will be discharged the service of the United States on ———, 1898, by reason of ———." (Here state the reason.)

"The soldier was last paid to ———, 1898, and has pay due him from that date to date of discharge.

"There is due him for clothing not drawn in kind, $———," or "He is indebted to the United States for clothing overdrawn, $———. He is indebted to the United States for C. & G. E., $———. For court-martial forfeiture, $———.

"The soldier is (or is not, as the case may be) entitled to traveling allowances.

"His signature appears below.

"(Soldier's signature:)

———— ————.

"Very respectfully,

————— ————,

"*Com'g Co.* ——— *Regt.* ——— *Vols.*"

Soldiers are discharged for the following reasons.

(Par. 140, A. R. and G. O., No. 100, A. G. O., 1898.)

1. By order of the President or the Secretary of War.
2. By sentence of a general court-martial.
3. On surgeon's certificate of disability by direction of the commander of a territorial department or army in the field. Department and corps commanders are authorized to order discharge on certificates of disability, such orders to be carried out by the regimental, independent battalion, battery, or detachment commander, as the case may be, and the final statements should show the authority for discharge and whether or not the disability was caused by the soldier's own misconduct. The requirements of G. O., No. 100, A. G. O., 1898, should be carefully observed.
4. In compliance with an order of one of the United States courts, or a justice or judge thereof, or on a writ of habeas corpus.
5. By expiration of term of service.

Under the head of "Remarks" the notation, "Service honest and faithful," or "Service not honest and faithful," as the case may be, must appear.

Travel-pay is forfeited.

1. By dishonorable discharge, per sentence of court-martial.
2. When soldier is discharged as a minor, or for other cause involving fraud on his part in the enlistment.
3. When, at date of discharge, the soldier is in the hands of civil authorities and undergoing imprisonment.
4. When discharged before expiration of term of enlistment through fault of his.
5. When discharged by order of the Secretary of War, or by corps or department commander, for disability caused by his own misconduct.
6. When discharged by way of favor, as "to enable him to accept a commission."

If for any of the above causes the soldier is not entitled to traveling allowances, the notation, "not entitled to traveling allowances," must appear, and the authority for the same must be stated.

Clothing account.

Settlement must be made by the company commander, and the balance "due the United States," or "due the soldier," must be stated.

In cases where clothing has been issued by the State authorities the following remark will be made on the final statements: "In the settlement for clothing is included the sum of $———, the total value of articles issued him by the State." In cases where no clothing was issued by the State a remark to that effect will be made.

319. CIRCULAR NO. 34—AUGUST 29, 1898.

TRANSPORTATION.—Sick and wounded soldiers granted furloughs under the provisions of General Orders, No. 114, August 9, 1898, from this office, are entitled to transportation from their homes upon return to duty whether application therefor be made by them in person or by letter.—[*Order Sec. War, Aug. 27, 98, 115661 A. G. O.*]

CIRCULARS FROM HEADQUARTERS OF THE ARMY, ADJUTANT GENERAL'S OFFICE.

320. CIRCULAR NO. 21—JUNE 30, 1898.

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II. The following recommendation of the Surgeon General of the Army, respecting the examination of medical officers appointed to fill vacancies in volunteer regiments already mustered into the service of the United States, is approved by the Secretary of War, and, by his direction, is published for the information and guidance of all concerned:

In my opinion when appointed by the governor of a State to fill a vacancy in a regiment, the physician appointed should be examined by a board of three physicians appointed by the governor and without expense to the United States. The certificate of this board that the candidate has passed a satisfactory physical and professional examination being accepted by the War Department as evidence of his fitness for the place to which he has been appointed.

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321. CIRCULAR NO. 41—OCTOBER 13, 1898.

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The provisions of General Orders, No. 114, August 9, 1898, from this office, are intended to apply only to those soldiers who, by reason of severe wounds or serious illness, have been admitted into a general or division field hospital, and whose cases require a change of surroundings in the judgment of the surgeon in charge. Final action on furloughs to soldiers under treatment in division hospitals will be taken by division commanders.—[*Decision Sec. War, Oct. 13, 98.*]

322. CIRCULAR NO. 42—OCTOBER 18, 1898.

COMMUTATION OF RATIONS FOR NURSES.—Inasmuch as female nurses in general hospitals are, by section 1277, Revised Statutes, entitled to commutation of rations, it is ordered that commutation of rations will hereafter be allowed to all nurses, whether male or female, or whether employed in general or other hospitals, when they are granted leaves of absence by the Surgeon General of the Army, the rate to be the same as that of enlisted men on furlough, that is, twenty-five cents per day.—[*Decision Sec. War, Oct. 17, 98—123329 A. G. O.*]

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323. CIRCULAR NO. 45—OCTOBER 27, 1898.

Privates of the Hospital Corps, U. S. Army, who have been transferred from volunteer regiments which are to be mustered out of the service, will be discharged, if they so request, upon the day on which their former regiment is mustered out, providing that their service has been honest and faithful. The names of such men will be forwarded by the surgeons commanding hospitals and ambulance companies through military channels to the Adjutant General with as little delay as practicable. Applications for discharge of men of the Hospital Corps who enlisted in that corps, or who were transferred from regiments still in service, will not be approved except under extraordinary circumstances. In forwarding all applications for discharge, surgeons will see that the date of enlistment or of transfer to the Hospital Corps is correctly stated, with character of the service of the applicant.

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324. CIRCULAR NO. 52—DECEMBER 1, 1898.

COMMUTATION OF RATIONS FOR NURSES.—Inasmuch as female nurses in general hospitals are, by section 1277, Revised Statutes, entitled to commutation of rations, it is ordered that commutation of rations will hereafter be allowed to all nurses, whether male or female or whether employed in general or

other hospitals, when they are granted leaves of absence by the officer in command or in charge of the hospital, the rate to be the same as that of enlisted men on furlough, that is, twenty-five cents per day.—[*Decision Sec. War, Nov. 28, 1898—162251 A. G. O.*]

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325. CIRCULAR NO. 53—DECEMBER 8, 1898.

GRATUITOUS ISSUE OF CLOTHING.—Whenever articles of clothing of enlisted men have been destroyed or injured by disinfecting process to prevent contagion, a gratuitous issue of such articles of clothing will be made to the enlisted men to whom such clothing belonged, upon the certificate of the officer who has personal knowledge of the facts.—[*Decision Asst. Sec. War—153825 A. G. O.*]

CIRCULARS FROM THE WAR DEPARTMENT, SURGEON GENERAL'S OFFICE.

326. CIRCULAR NO. 1.—APRIL 25, 1898.

In time of war a great responsibility rests upon medical officers of the Army, for the result of a campaign may depend upon the sanitary measures adopted or neglected by commanding generals of armies in the field. The medical officer is responsible for proper recommendations relating to the protection of the health of troops in camp or in garrison, and it is believed that, as a rule, medical officers of the United States Army are well informed as to the necessary measures of prophylaxis and the serious results which infallibly follow a neglect of those measures, especially when unacclimated troops are called upon for service in a tropical or semitropical country during the sickly season. In Cuba our armies will have to contend not only with malarial fevers and the usual camp diseases—typhoid fever, diarrhea, and dysentery—but they will be more or less exposed in localities where yellow fever is endemic and under conditions extremely favorable for the development of an epidemic among unacclimated troops.

In view of this danger, the attention of medical officers, and of all others responsible for the health of our troops in the field, is invited to the following recommendations:

When practicable, camps should be established on high and well-drained ground not previously occupied.

Sinks should be dug before a camp is occupied, or as soon after as practicable. The surface of fecal matter should be covered with fresh earth or quicklime or ashes three times a day.

New sinks should be dug and old ones filled when contents of old ones are two feet from surface of ground.

Every man should be punished who fails to make use of the sinks.

All kitchen refuse should be promptly buried and perfect sanitary police maintained.

Troops should drink only boiled or filtered water and coffee or tea (hot or cold), except where spring water can be obtained which is pronounced to be wholesome by a medical officer.

Every case of fever should receive prompt attention. If albumin is found in the urine of a patient with fever it should be considered suspicious (of yellow fever) and he should be placed in an isolated tent. The discharges of patients with fever should always be disinfected at once with a solution of carbolic acid (5%) or of chloride of lime (6 oz. to gallon of water), or with milk of lime, made from fresh quicklime.

Whenever a case of yellow fever occurs in camp the troops should be promptly moved to a fresh camping ground located a mile or more from infected camp.

No doubt typhoid fever, camp diarrhea, and probably yellow fever are frequently communicated to soldiers in camp through the agency of flies, which swarm about fecal matter and filth of all kinds deposited upon the ground or in shallow pits, and directly convey infectious material, attached to their feet or contained in their excreta, to the food which is exposed while being prepared at the company kitchens or while being served in the mess tent. It is for this reason that a strict sanitary police is so important. Also because the water supply may be contaminated in the same way, or by surface drainage.

If it can be avoided, marches should not be made in the hottest part of the day—from 10 a. m. to 5 p. m.

When called upon for duty at night or early in the morning, a cup of hot coffee should be taken.

It is unsafe to eat heartily or drink freely when greatly fatigued or overheated.

Ripe fruit may be eaten in moderation, but green or overripe fruit will give rise to bowel complaints. Food should be thoroughly cooked and free from fermentation or putrefactive changes.

In decidedly malarious localities from 3 to 5 grains of quinine may be taken in the early morning as a prophylactic, but the taking of quinine as a routine practice should only be recommended under exceptional circumstances.

Light woolen underclothing should be worn, and when a soldier's clothing or bedding becomes damp from exposure to rain or heavy dews the first opportunity should be taken to dry it in the sun or by fires.

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327. MEMORANDUM—JUNE 13, 1898.

The attention of medical officers of the regular and volunteer armies is invited to the following extracts from a letter addressed to the Surgeon General by Prof. Stanford E. Chaillé of the Medical Department, Tulane University of Louisiana, New Orleans:

"Instructions appear to have been issued to our soldiers for the preservation of health in the tropics, and I believe it well worth your consideration whether it would not be well to have disseminated among them information calculated to alleviate greatly their suffering from mosquitoes, fleas, and other insects, sufferings which often deprive soldiers of the sleep and rest which, with food, are the primary requisites for their efficiency. During our civil war many soldiers blessed me for the following information.

"Mosquitoes, fleas, bedbugs, and I believe insects generally, detest and will avoid the essential oils and the plants which, with or without bruising, are strongly impregnated with

their odor. In New Orleans oil of lavender is used by many for relief from mosquitoes; a drop or two smeared on a hand or on any naked surface will protect until it dries up, say half an hour. While a Confederate surgeon I was in a town infested with fleas, and secured great relief by using freely in my boots and clothing and about my bed the bruised pennyroyal which grew abundantly within the town.

"Smearing exposed parts with grease will protect from mosquitoes until the grease disappears. A small piece, say one or two inches square, of fat middling or bacon to smear on exposed parts is more efficient than essential oils because the grease does not dry up as soon, and would probably protect during the usual hours of sleep if used at the beginning and repeated once during the night's rest."

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328. CIRCULAR NO. 5—AUGUST 8, 1898.

The attention of medical officers is invited to Circular No. 1 from this office dated Washington, April 25, 1898.

The extensive prevalence of typhoid fever in camps of instruction indicates that the sanitary recommendations made in this circular have not been carried out. If medical officers have failed to make the proper recommendations as indicated, the responsibility rests with them. If the recommendations have been made and not acted upon by those having authority in the various camps, the responsibility is not with the Medical Department, but these recommendations should be repeated and commanding officers urged to move their camps at frequent intervals and to maintain a strict sanitary police.

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329. CIRCULAR NO. 6—AUGUST 12, 1898.

Chief surgeons of Army corps, of divisions, and of smaller independent commands are expected to make timely requisition for medical supplies. It must be remembered that some delay is often unavoidable in putting up supplies at the supply depots and in their transportation to the point at which they are needed. In an unexpected emergency telegraphic requisition must be made and supplies will be sent by express; but

it must be remembered that this mode of transportation is very expensive and that failure to make requisition in advance of immediate needs entails unnecessary expense upon the Government. Division and field hospitals in which typhoid fever and other serious cases are treated should be liberally supplied with all articles necessary for the treatment and comfort of the sick. The field supply table applies only to mobile commands and division hospitals to accompany them on short notice.

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330. CIRCULAR NO. 7—SEPTEMBER 5, 1898.

The attention of chief surgeons and of all medical officers on duty with troops in the field is called to the following paragraphs from the Manual for the Medical Department:

92. When accumulations of organic material undergoing decomposition can not be removed or buried, they may be treated with an antiseptic solution, or with freshly-burned quicklime. Quicklime is also a valuable disinfectant, and may be substituted for the more expensive chloride of lime for disinfection of typhoid and cholera excreta, etc. For this purpose, freshly prepared *milk of lime* should be used, containing about 1 part, by weight, of hydrate of lime, to 8 of water.

93. During the prevalence of an epidemic, or when there is reason to believe that infectious material has been introduced from any source, latrines and cesspools may be treated with milk of lime, in the proportion of 5 parts to 100 parts of the contents of the vault, and the daily addition of 10 parts for 100 parts of daily increment of feces.

Quicklime should be purchased in such quantities as may be necessary for the purpose of carrying out these instructions, and vouchers sent to the Surgeon General of the Army for payment from the medical and hospital appropriation.

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331. CIRCULAR NO. 8—SEPTEMBER 17, 1898.

Since the commencement of the war with Spain there has been great neglect on the part of medical officers of the Army,

division and brigade surgeons of volunteers, and acting assistant surgeons, in the rendering of the personal reports required by A. R. 805. These reports are absolutely essential for the proper conduct of the business of the Surgeon General's Office. They are to be made by information slip, on the last day of each month, or whenever an officer has a change of station or duty, the date of departure and arrival being given, together with a reference to the authority for the change and post-office address.

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332. CIRCULAR NO. 9—OCTOBER 10, 1898.

Paragraph 185, Manual for the Medical Department, edition of 1898, requires civilian physicians who examine recruits for the Regular Army to make out an outline-figure card for every recruit sworn in. In the performance of this duty they will be guided by the instructions given in paragraphs 186 to 196 of the Manual. As these cards form the basis of the work of identification, care should be taken to insure *accuracy*, *completeness*, and *legibility*. The cards should be forwarded promptly on completion direct to the Surgeon General. No letter of transmittal is necessary.

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333. CIRCULAR NO. 12—NOVEMBER 15, 1898.

OUTFIT ALLOWANCE FOR A REGIMENTAL HOSPITAL.

Case, surgeon's field, one for each medical officer, two.
Chest, medical, Nos. 1 and 2, of each, one.
Chest, sterilizer, one.
Chest, surgical, Nos. 1 and 2, of each, one.
Filter, one.
Pouch, Hospital Corps, one for each attendant, six.
Pouch, orderly, one for each orderly, two.

DISINFECTANTS.

Lime, chloride, twelve bottles.

HOSPITAL STORES.

Cream, condensed, twelve cans.
Farina, ½ kilo. packages, six packages.
Soap, castile, two kilos.
Whisky, two bottles.

FURNITURE, BEDDING, AND CLOTHING.

Bedsacks, ten.
Blanket cases, four.
Blankets, twenty-five.
Chest, commode, two.
Chest, food, one.
Chest, mess, two.
Desk, field, one.
Folding field furniture, one set.
Mosquito bars, ten.
Pajamas, twenty-five.
Pillowcases, twenty-five.
Pillows, feather, three.
Pillows, hair, twelve.
Sheets, fifty.

MISCELLANEOUS.

Basins, wash, hand, agate ware, four.
Brooms, two.
Buckets, agate, three in nest, three.
Case, emergency, two.
Corks, assorted, three dozen.
Dippers, two.
Envelopes for tablets, 5 by 6 cm., twenty dozen.
First aid packets (as required).
Funnels, tin, 250 c. c., one.
Hatchet, one.
Lanterns, four.
Litters, four.
Measure, graduated, glass, 250 c. c., one.
Medicine glasses, two.
Mortar and pestle, Wedgwood, 8 cm., one.
Paper, wrapping, brown, two qrs.

Pill tile, 12 to 25 cm., one.
Saw, hand, small, one.
Scales and weights, apothecary's, one.
Sheeting, rubber, ten meters.
Spatulas (two sizes), two.
Sponges, bath, two.
Stoves, coal oil, two.
Syringes, penis, glass, in case, twenty-four.
Towels, hand, eight dozen.
Vials, 30 c. c., six dozen.

Timely requisition should be made for renewal of medicines, dressings, and other articles expended. These requisitions must be sent to the chief surgeon of the brigade or division and, when practicable, should be promptly filled from the reserve supplies of the brigade or division hospital. When a regiment is so located that its sick can not be sent to a brigade, division, or general hospital, the regimental hospital will be expanded to meet the requirements of the case. Regiments or smaller independent commands in permanent camps or barracks will be supplied in accordance with the supply table published in the Manual for the Medical Department, pages 80 to 94. This supply table also applies to brigade and division hospitals in more or less permanent camps; but chief surgeons should see that articles not really necessary are not included in requisitions approved by them simply because they appear in the supply table.

Medicines and other articles considered necessary for the treatment of the sick but not upon the supply table may be obtained upon special requisitions approved by the Surgeon General or by the chief surgeon of a military department.

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334. CIRCULAR NO. 13—NOVEMBER 4, 1898.

As it is desirable that the employment of female nurses with the Army should be placed on an exact and uniform basis, the following instructions are published for the guidance of medical officers:

When the services of female trained nurses are required at a hospital, application should be made to this office. They will be supplied by transfer or from the list of eligible applicants. Authority to make contracts, heretofore given in certain emergency cases, is hereby revoked, and it is not desired that the services of volunteer nurses be accepted.

Officers having more nurses than are needed will annul contracts of unsatisfactory ones only, and report to this office without delay the number of desirable nurses available for transfer.

Every change in the status of female nurses, such as arrival, departure, discharge, or death, should be reported by information slip on the day of its occurrence.

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335. CIRCULAR NO. 14—NOVEMBER 7, 1898.

INFORMATION FOR FEMALE CONTRACT NURSES IN THE U. S. ARMY.

Contract and Duties.—The contract which is made by the Surgeon General with a female nurse for Army service is for an unlimited period. In signing this contract and taking the oath of office a nurse is understood to promise that she will perform the important duties intrusted to her with unwavering devotion to the welfare of her patients and with the dignity of demeanor which is essential for Army service. Reports of each nurse are sent to the Surgeon General, and on these reports action is based.

Pay.—While under contract a nurse receives $30 a month salary; payable either on pay rolls or vouchers. While nursing at a hospital she receives also her lodging, board, and laundry of uniforms. Expenses incurred for these things by a nurse will not be refunded.

Uniform.—No uniform for nurses has as yet been prescribed, but for the present a nurse is expected to furnish and wear such dresses, aprons, and caps as are usually considered suitable.

Chief Nurse.—If the surgeon of a hospital so requests, the Surgeon General may appoint a chief nurse, whose duty it shall be to look after the welfare of all of the nurses in the hospital; to see that they are comfortable and that they receive attention when ill; to assign each to her specific duty and see that the hours of such duty are strictly kept. She is also expected to have supervision of the general deportment of the nurses and to perform such other duties as the surgeon may direct, but not to undertake nursing herself.

Traveling under Orders.—After signing the contract a nurse is subject to military discipline and must promptly obey any order given her. When traveling under orders she must not stop on the way. She must not, under any circumstances, leave her post or take any journey without written authority from the Surgeon General or from the surgeon under whom she is serving. When traveling under orders she will be furnished in advance with transportation. This means an order for her railway ticket and sleeping-car berth, which are exchanged by her at the station for regular tickets.

Leaves.—A nurse will not receive pay for time absent from duty unless given by the surgeon—*in writing*—a sick leave or leave of absence "with pay." This must be for a specified time, one week before the expiration of which the nurse must report in writing to the Surgeon General for orders, unless she already has orders to return to her former place of duty. Should her services not be needed at that time the Surgeon General may annul her contract. While on leave with pay the nurse is entitled to commutation of rations at the rate of 25 cents per day. To obtain this she must, when she returns to duty, apply to the Surgeon, who will indorse her papers of leave and forward them to the nearest commissary.

Leave of Absence.—When a nurse is granted leave of absence, at her own request, she does not receive pay for the time absent, unless the surgeon grants—*in writing*—a "leave with pay," which can not exceed ten days or be allowed soon after entering the service. As she is not traveling under orders she does not receive transportation.

Sick Leave.—In case of sickness contracted in the line of duty, a nurse is entitled to medical attendance either in her

quarters or at the nearest available Army hospital. But if she prefers to return home, or to some other hospital, the surgeon may grant a sick leave with pay (for thirty days). If the surgeon also gives her written orders to proceed to her destination, she will then be entitled to transportation, as explained above. In such a case another nurse may, if necessary, be ordered to accompany her, and transportation furnished her also. If unable to return to duty at the end of the sick leave, a certificate from the attending physician stating this fact, and the probable date when the nurse will be fit for duty, must be forwarded to the surgeon granting the sick leave or to the Surgeon General, if she has no station. This certificate is sufficient to cover absence for the term specified therein. Bills for medical attendance can not, under the regulations be allowed.

Transfer.—Transfers from one hospital to another are ordered only when the necessities of the service require it. The preference of a nurse is consulted whenever possible, but she is expected to remain at the hospital to which she is assigned so long as her services are needed there. Nurses who go to Puerto Rico or Cuba are expected to remain at least six months, if their services are satisfactory.

Annulment of Contract.—The contract of a nurse may be annulled at any time by the Surgeon General or by his direction. A nurse is not expected to request such annulment before the expiration of two months, unless able to give satisfactory reason therefor.

Transportation, as above defined, is given on annulment of contract, except when "for misconduct or neglect of duty."

Transportation will be to place of making the contract, except that when made at the place of duty it will be furnished to the place designated in the contract as her residence.

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Figures in bold-faced type refer to paragraphs in the Manual; the letters A. R. and numbers following refer to paragraphs of the Army Regulations.

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